

Name
in
Full

CERTIFICATE OF DEATH

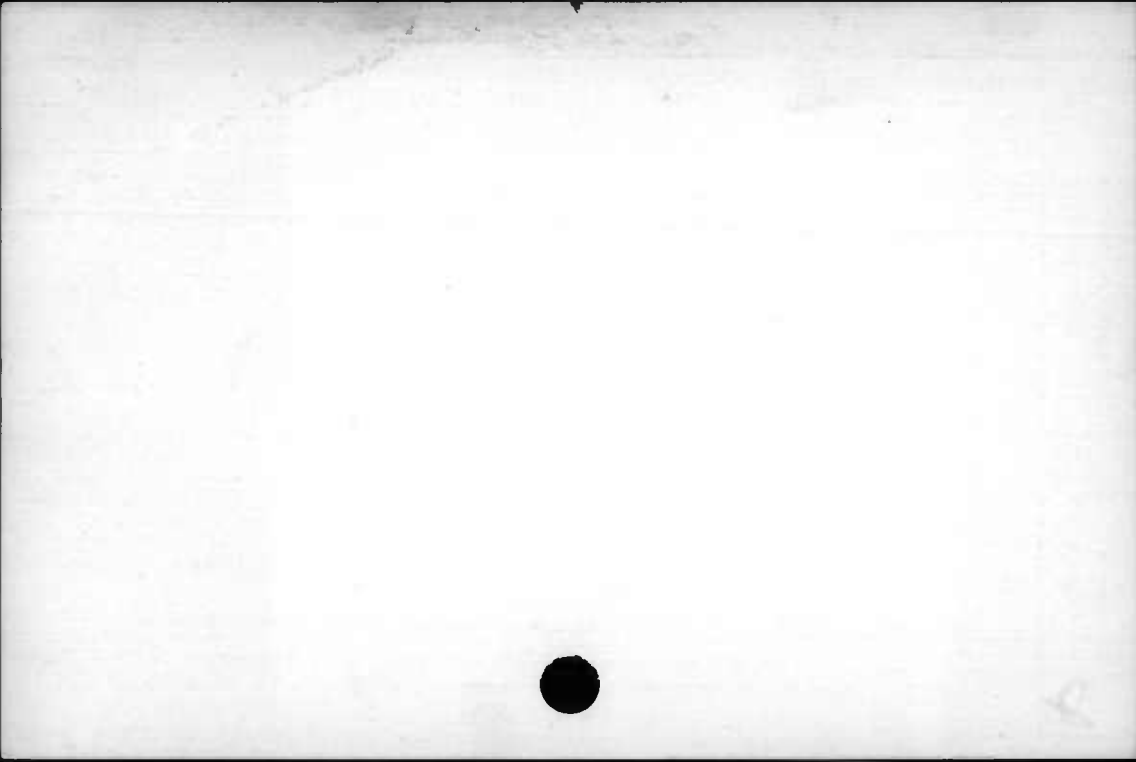
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leagertown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>4</i> ^{Month}	<i>25</i> ^{Day}	Age <i>80</i>	<i>1</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Wagon-maker</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Harriett Adams.</i>				
Father's Name <i>Philip Adams</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Rebecca Frockler</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Ed. Adams</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>60</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. B. Boyle Md.</i>
	Address <i>Leagertown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

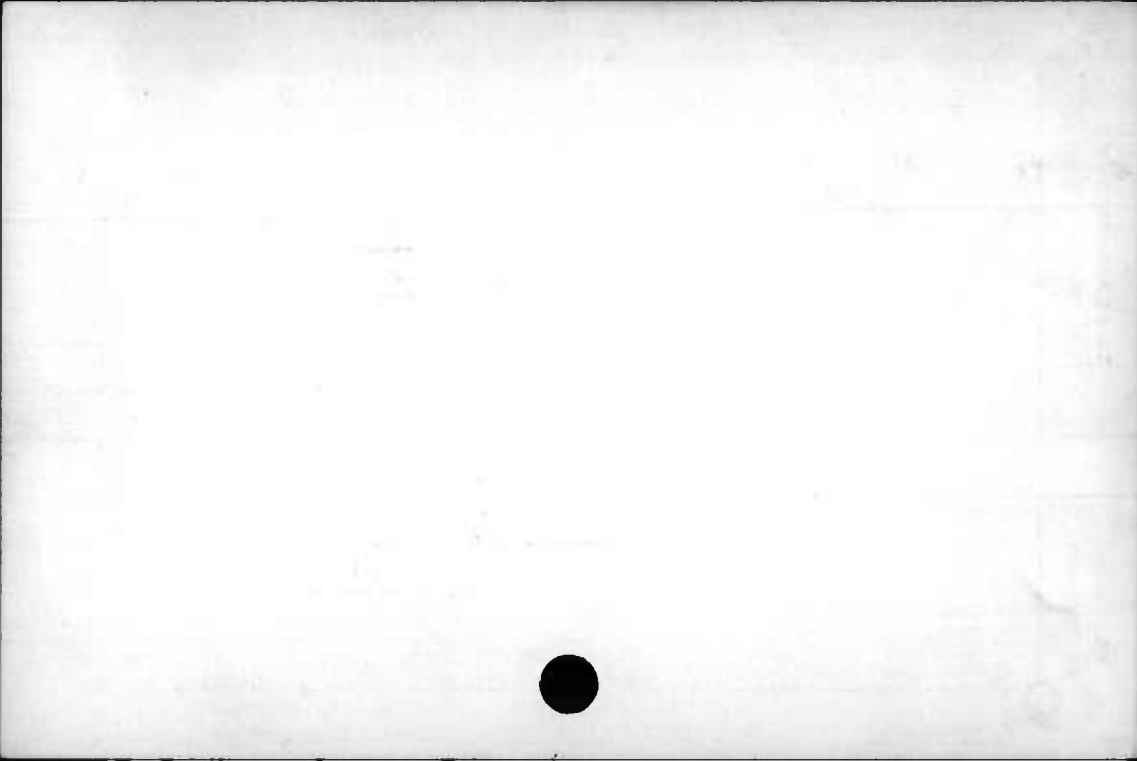
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Unnamed Infant		Town		County		Died at		Breathedsville, Washington		MARYLAND							
Date of death		1905		Month		April		Day		10		Age		Years		Months		Days	
Sex		Female		Color or Race		white		Birth-place		Breathedsville									
Occupation				Where Residing if not at place of death															
Married, Single or Widowed				Name of Wife or Husband															
Father's Name		Howard Ahalt		Father's Birthplace		Frederick Co Md													
Mother's Maiden Name		Virginia Nicodemus		Mother's Birthplace		Wash. Co Md													
Name of person giving Information		Howard Ahalt		How related to deceased		Father													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born S.		How long		2 hours	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		V.M. Reichard	
				Address		Fair Play, Wash. Co.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Hagerstown* ^{County} *Washington*

Date of death *1907* Month *4* Day *21* Age *63* Years Months *11* Days *10*

Sex *Male* Color or Race *White* Birth-place

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Samuel Alter* Father's Birthplace *Md*
Mother's Maiden Name *Catherine Wisterbarger* Mother's Birthplace *Md*
Name of person giving information *Mary C Alter* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Softening of Brain* How long *65*
Immediate *Glomerulonephritis* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. C. J. Gorman*
Address *Hagerstown Md*
Under the

Accident or Suicide?

Salvador

Name
in
Full

Edward W. Alton.

CERTIFICATE OF DEATH

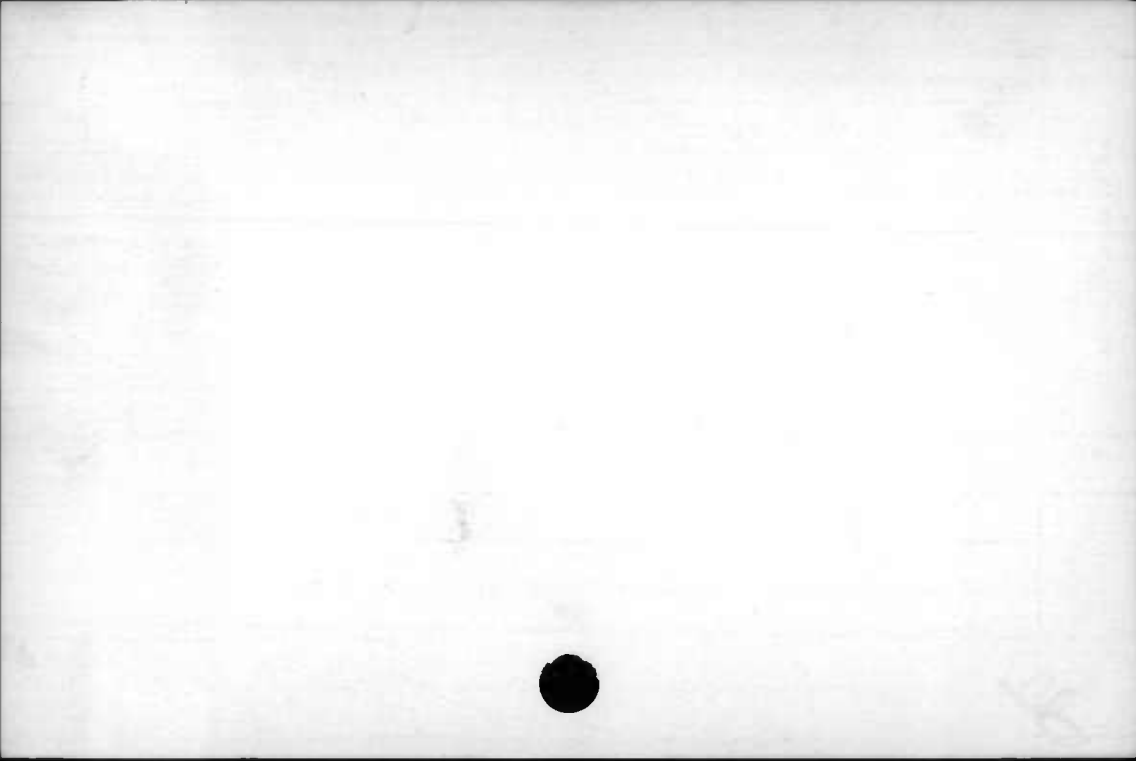
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town} <i>Dist of Co</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>4</i> ^{Day} <i>20</i> ^{Years} <i>6</i> ^{Months} <i>—</i> ^{Days} <i>—</i>	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Wash. D.C.</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>Hagerstown Md.</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Alton</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Anna Walls</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm Alton</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Inspector & Lore</i>
	Address <i>Hagerstown</i>
	<i>Undertakers</i>
Accident or Suicide? <i>2</i>	<i>Md.</i>



Name
in
Full

Mary C Anderson No 248

CERTIFICATE OF DEATH

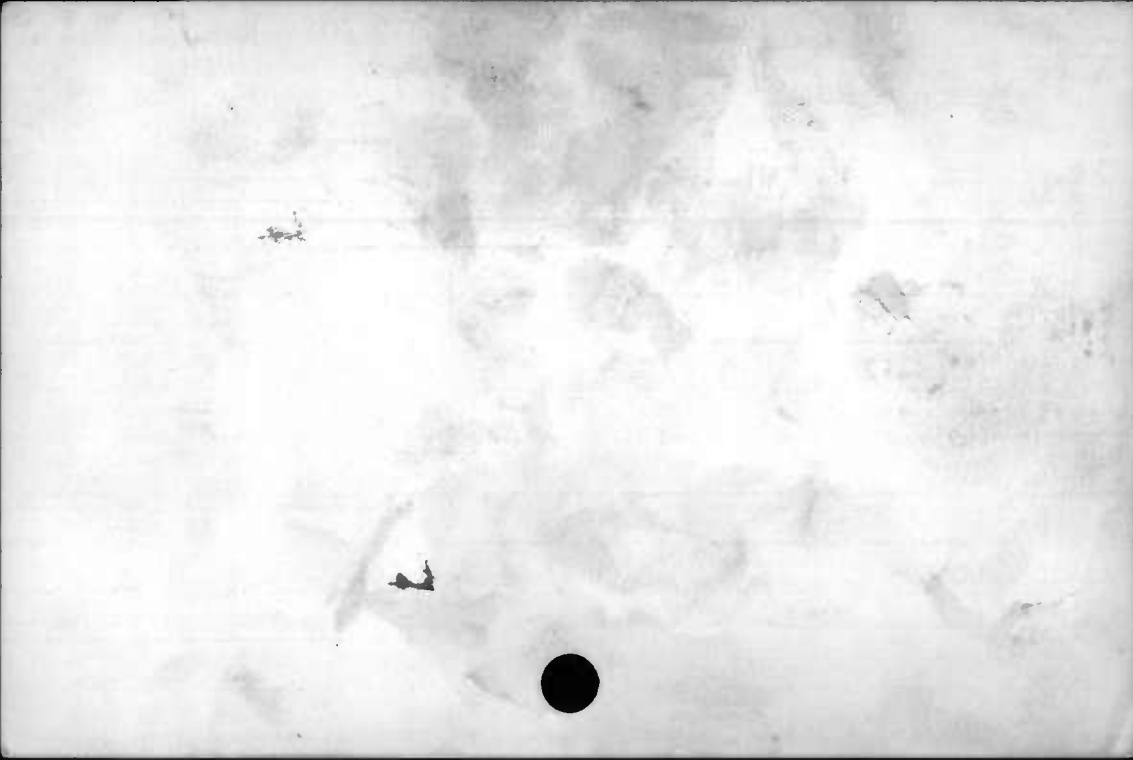
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1905	Month Apr	Day 15	Age 38	Years 2	Months 12
Sex Female		Color or Race White		Birth-place Williamsport			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name David Anderson		Father's Birthplace Hagerstown					
Mother's Maiden Name Anniea Ferron		Mother's Birthplace Williamsport					
Name of parson giving Information Anniea Ada Bonner		How related to deceased Niece					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	one day
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. H. Richardson	
Address			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Hancock</i>		Town <i>Wash</i>		County	
Date of death	1905	Month	Apr	Day	23
Age	72	Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Hancock
Occupation	Hotel Keeper	Where Residing if not at place of death	Died at Home		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Lloyd Barton	Father's Birthplace	Hartford Conn		
Mother's Maiden Name	Francis Bean	Mother's Birthplace	St Mary's Co		
Name of person giving information	Ellen B. Barton	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	General Debility	How long	1 year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. West
	No	Address	Hancock Md.
Accident or Suicide?	No		

Dr. West.

Name
in
Full

Edward Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Haystack ^{County} Washington

MARYLAND

Date of death 190 ^{Month} 4 ^{Day} 28 Age ^{Years} 1 Months — Days —

Sex Male Color or Race Colored Birth-place Pa

Occupation Child Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Edward Bentley

Father's Birthplace Md

Mother's Maiden Name Lymie Maddox

Mother's Birthplace Md

Name of person giving information Warner Maddox

How related to deceased

Grandfather

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long (?)

Immediate Exhaustion (Heart weakness)

How long (?)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

V. R. Braillet, Jr.

Address

Haystack, Md

Accident or Suicide?

No

Hellmeyer.

Name
in
Full

Mrs Althea Bomberger

CERTIFICATE OF DEATH

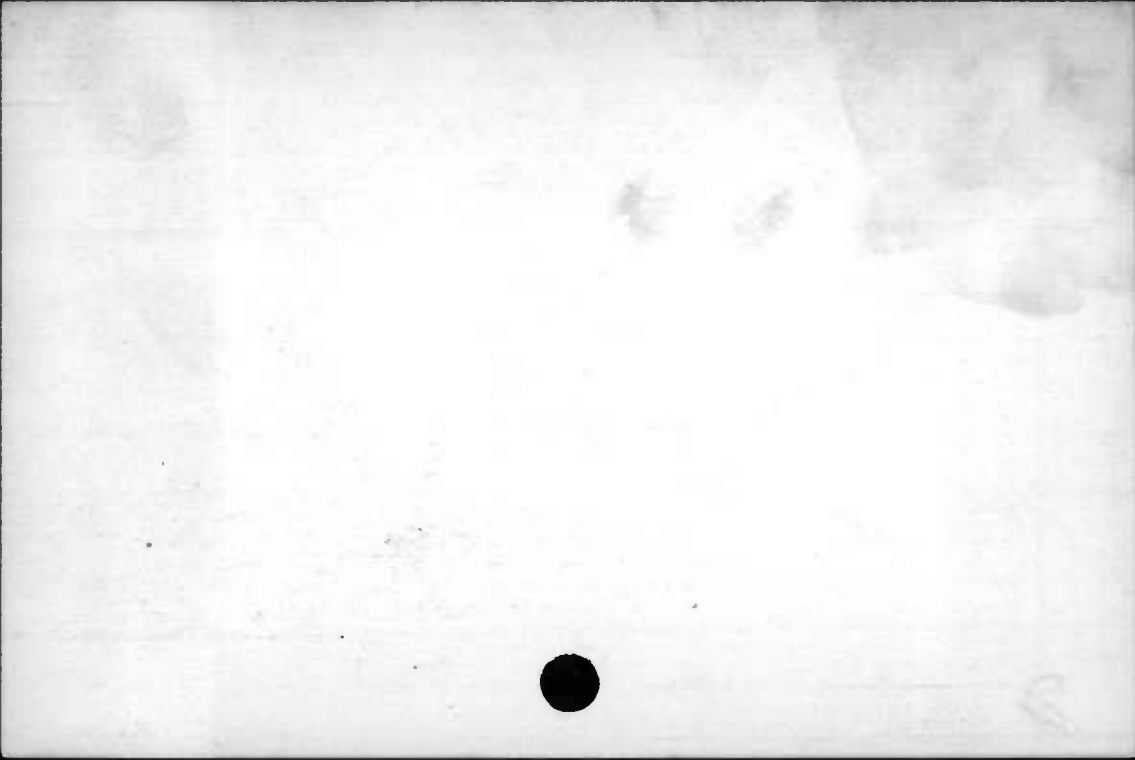
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>4</i> ^{Day} <i>1</i>	Age <i>81</i> ^{Years}		Months		Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Occupation <i>H.W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Jos. Bomberger</i>				
Father's Name <i>Henry Bomberger</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Julia Ann Wiseman</i>	Mother's Birthplace <i>Penna</i>				
Name of person giving information <i>Mrs J. W. Coost</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ed. Marchman</i>
	Address <i>HAGERSTOWN, MARYLAND.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Mary Ann Bowles.

CERTIFICATE OF DEATH

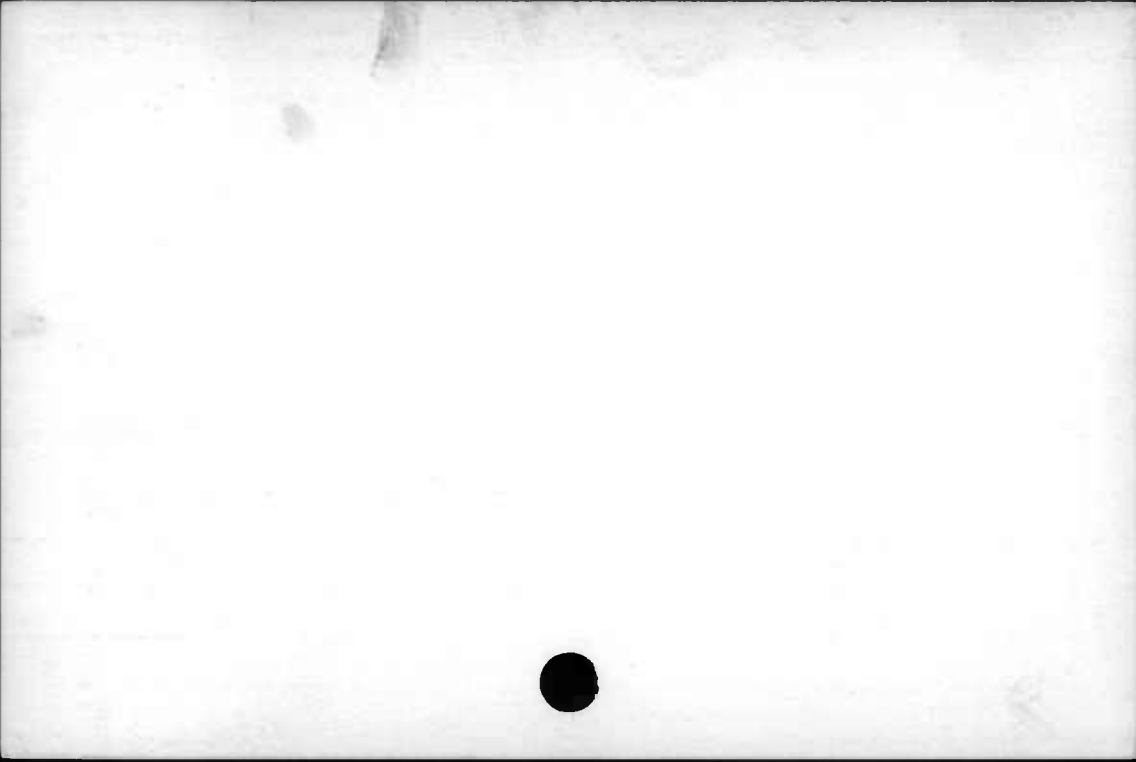
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hanover		County Hatch.		MARYLAND	
Date of death		Month April	Day 3	Age 79	Months 6	Days 22	
Sex	Female		Color or Race	White		Birth-place	
Occupation	Wife.			Where Residing if not at place of death Died at Home			
Married, Single or Widowed	Widowed		Name of Wife or Husband	William A. Bowles.			
Father's Name	John D. Hart.					Father's Birthplace	
Mother's Maiden Name	Elizabeth Dwope.					Mother's Birthplace	
Name of person giving information	Dr. McRueley					How related to deceased Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Bowels		How long	6 mo
Immediate	Exhaustion from Bowel Obstruction		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. L. West,
			Address	Hanover Md,
Accident or Suicide?		No		



Name
in
Full

Ann Catherine Castle

CERTIFICATE OF DEATH

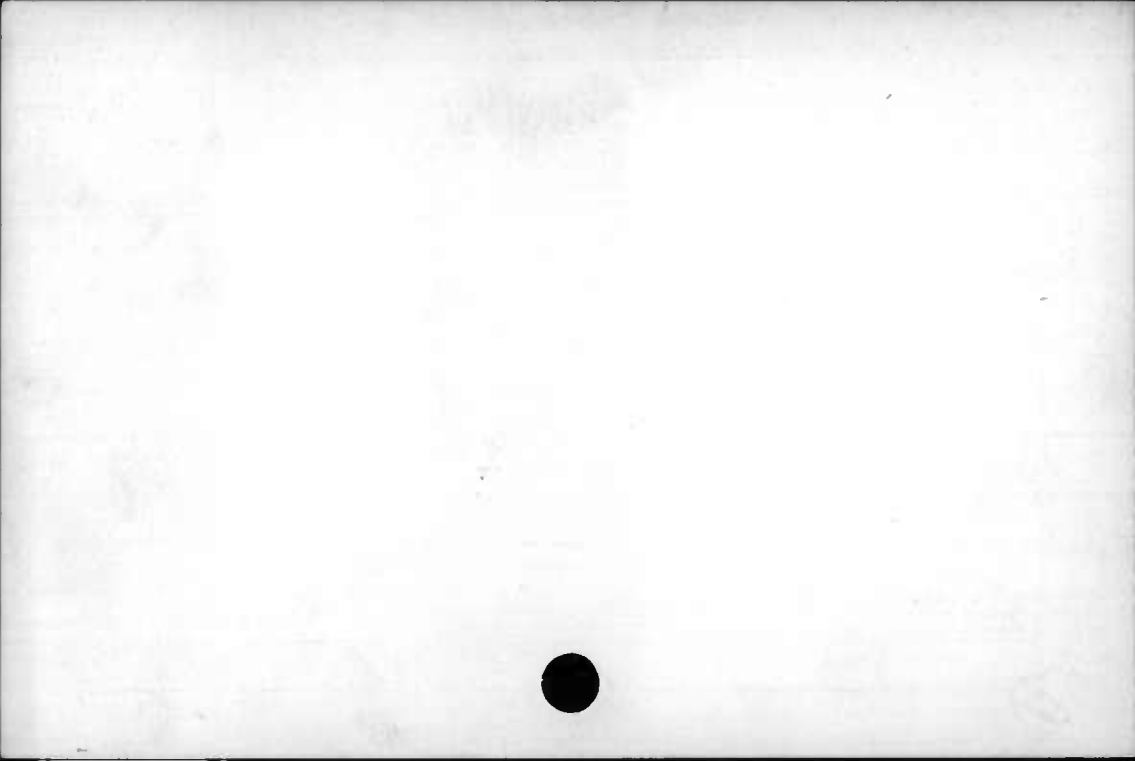
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownsville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>April</u> ^{Day} <u>1</u> ^{Years} <u>78</u>		<u>2</u> ^{Months}		<u>12</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Fredrick Co</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>At Home</u>			
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>Cornelius W Castle</u>			
Father's Name <u>John Blessing</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Anna Blessing</u>		Mother's Birthplace <u>Fredrick Co</u>			
Name of person giving Information <u>J. Blessing</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral Stenosis</u>		How long <u>about 1 year, was</u>
Immediate <u>Acidemia</u>		How long <u>about when called</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D. A. Blessing</u>
		Address <u>Brownsville Md.</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Chas Lewis Cole

CERTIFICATE OF DEATH

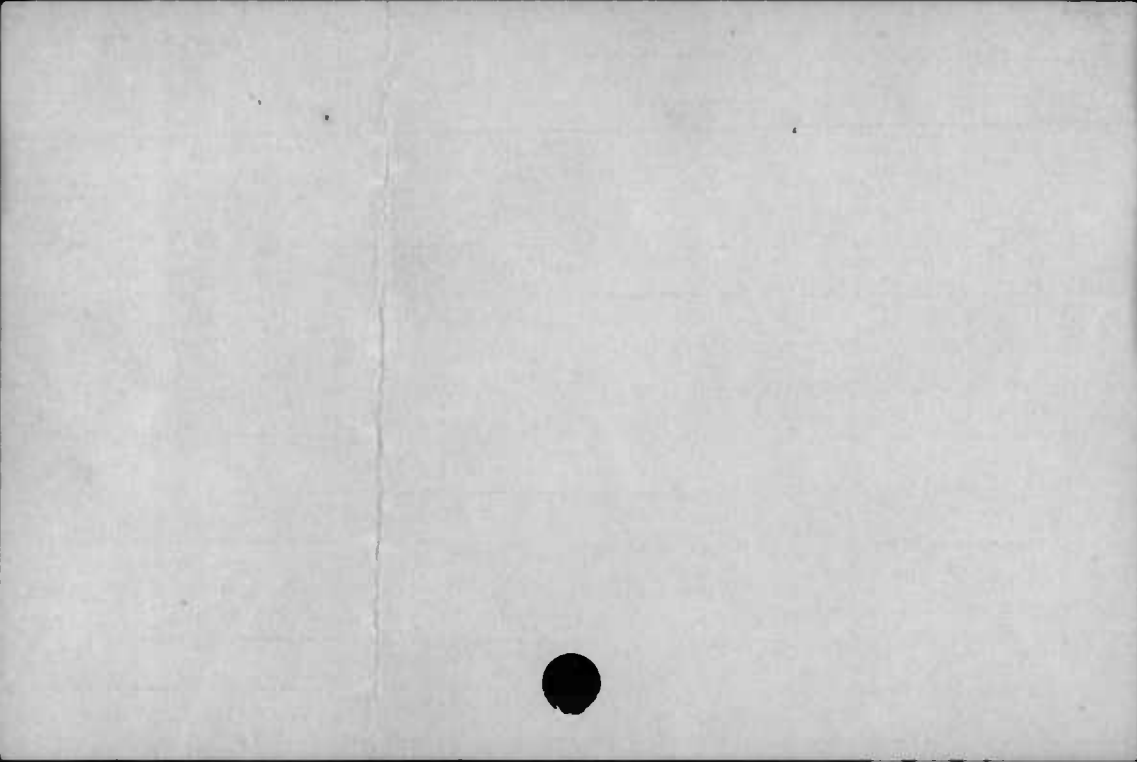
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Hook</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>April</i> ^{Month}	<i>13</i> ^{Day}	<i>59</i> ^{Years}	<i>2</i> ^{Months}	<i>19</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>B & O Dispatcher</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sarah J. Cole</i>				
Father's Name <i>William Cole</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary E. Brown</i>	Name of person giving information <i>Mrs Fannie E Galt</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>P</i>	<i>Pulmonary</i>	How long <i>1 year</i>
Immediate <i>P</i>	<i>Pulmonary</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Al Horine</i>
		Address <i>Brunswick Md</i>
Accident or Suicide? <i>m</i>		



Name
in
Full


CERTIFICATE OF DEATH

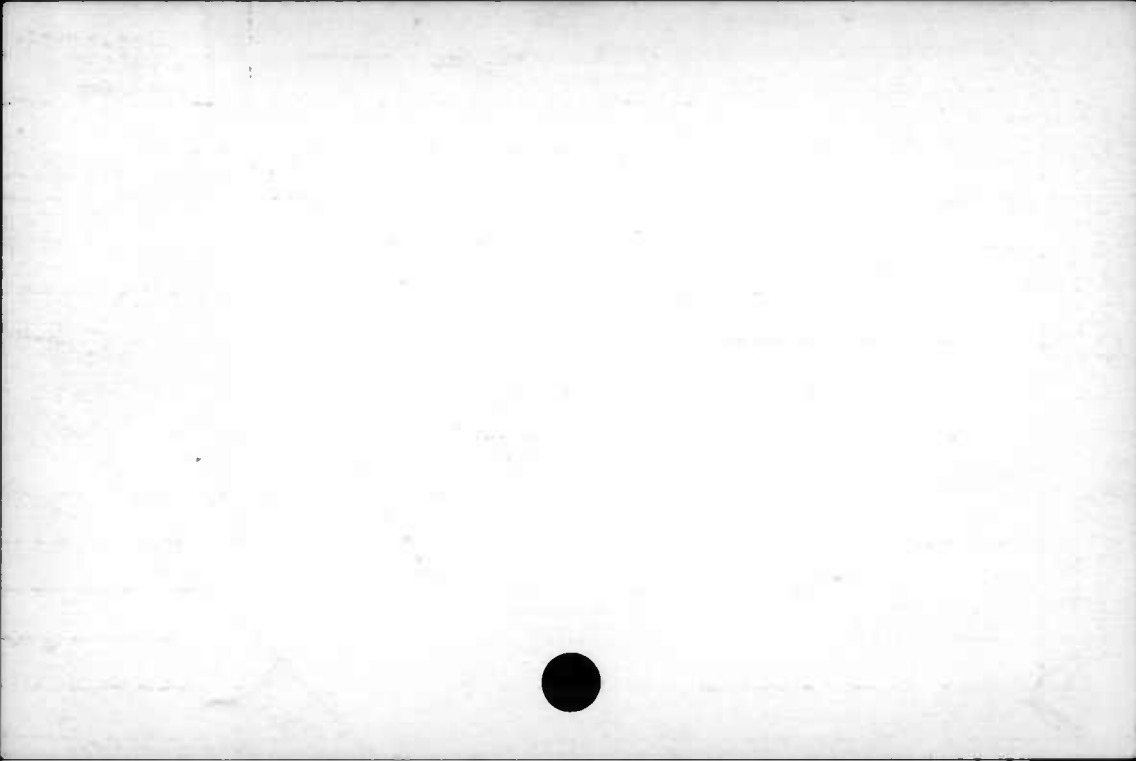
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Rebecca Corbett</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND							
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>3</i>		Years <i>64</i>		Months <i>—</i>		Days <i>12</i>			
Date of death <i>1905</i>				Age <i>64</i>				Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Abraham Corbett</i>											
Father's Name <i>John C. Middlekraft</i>		Father's Birthplace <i>Md</i>											
Mother's Maiden Name <i>Elizabeth Newbirk</i>		Mother's Birthplace <i>Md</i>											
Name of person giving In formation <i>Abraham Corbett</i>		How related to deceased <i>Husband</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pul</i>	How long <i>2 1/2</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Stanger</i>
	Address 
Accident or Suicide?	



Name
in
Full

John C. Coost.

CERTIFICATE OF DEATH

Died at *near Hagerstown*

Town

Wash.

County

MARYLAND

Date
of death 1905

Month

4

Day

8

Age

Years

61

Months

9

Days

19

Sex

*male*Color or
Race*white*Birth-
place*Md.*

Occupation

*Railway Mail Clerk*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Mrs Rena Coost*Father's
Name*Samuel W Coost*Father's
Birthplace*Md.*Mother's
Maiden Name*Catherine Stine*Mother's
Birthplace*"*Name of person giving
information*Mrs Rena Coost*How related
to deceased*wife*

CAUSES OF DEATH

Primary

How long

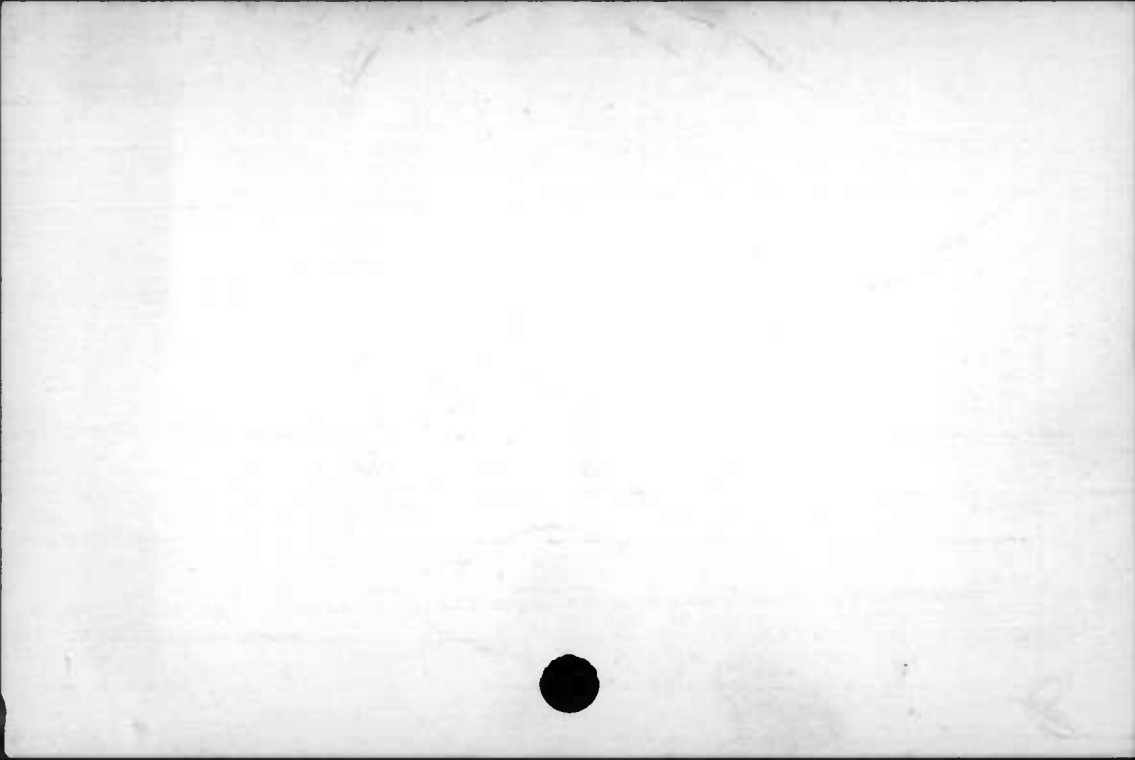
Immediate

How long

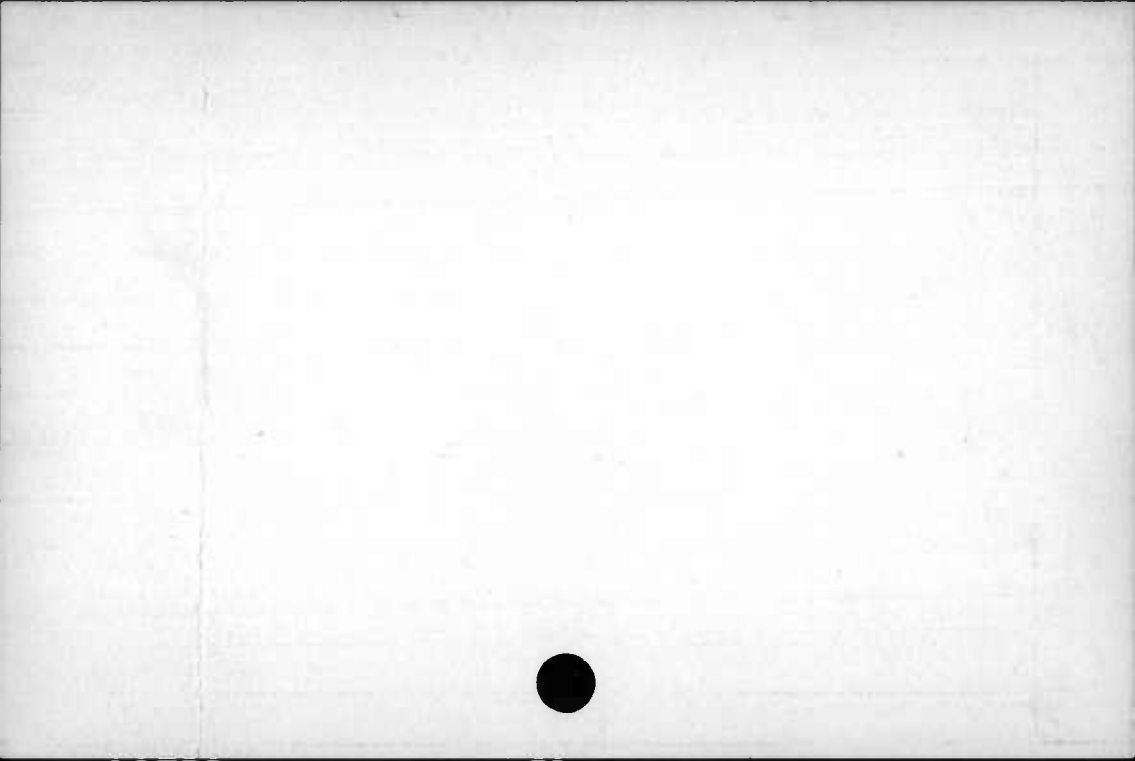
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J M Peon*

Address

*Hagerstown**Accident or Suicide?*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John Henry Crumer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beaver Creek		Washington		MARYLAND	
	Date of death 1905	Month April	Day	Age	Years	Months	Days
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband		None				
	Father's Name	Jacob Crumer				Father's Birthplace	Maryland
	Mother's Maiden Name	Mollie Bear				Mother's Birthplace	Maryland
	Name of person giving In formation					How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebro Spinal Meningitis				How long	10 days
	Immediate	Heart Failure, Collapse				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. Hubert Wade M.D.	
					Address	Beaumont, Md.	
	Accident or Suicide?		no				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Charles Henry Cuddy*

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1904* ^{Month} *4* ^{Day} *14* ^{Years} *7* ^{Months} *9* ^{Days} *13*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Harry Cuddy* Father's Birthplace *Pa*

Mother's Maiden Name *Sarah Bowman* Mother's Birthplace *Pa*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Albuminuria* How long *died*

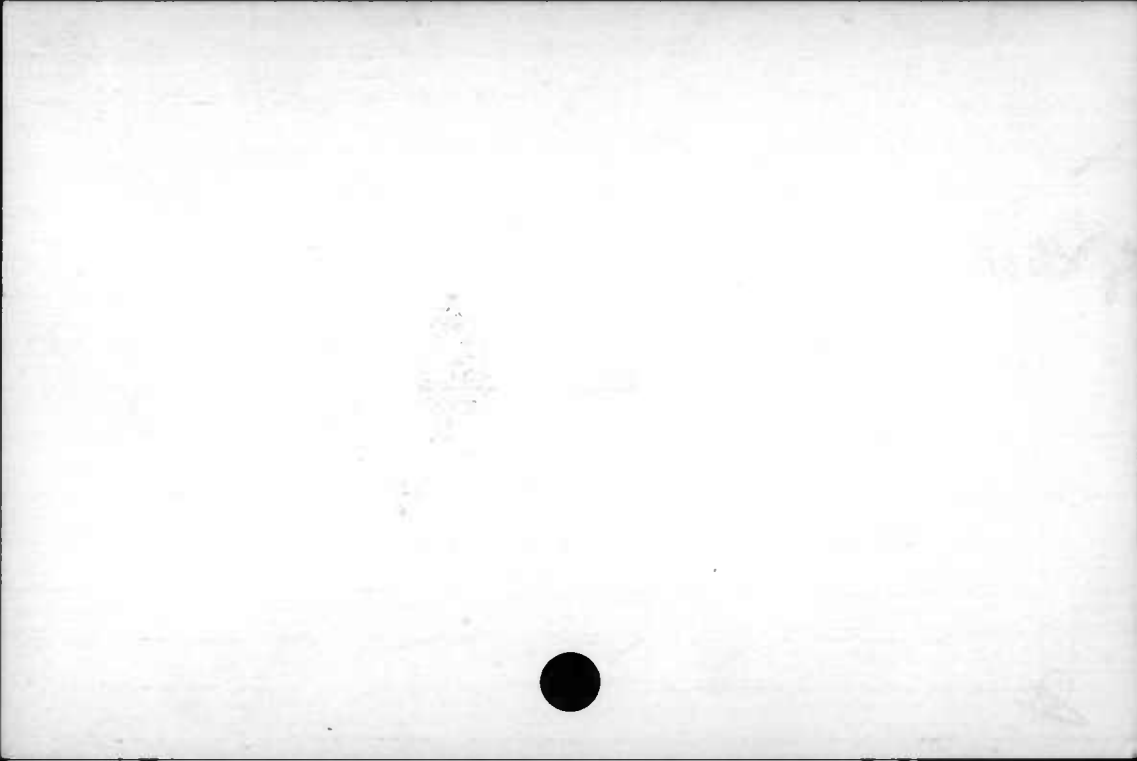
Immediate _____ How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. H. Zimmerman*

Address _____

Accident or Suicide? *X*



Name in Full		Mrs. Kate Eddins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Wash.		MARYLAND	
	Date of death	1905	Apr	18	Age about	55	
	Sex	female		Color or Race	white		Birth-place
	Occupation	H.W.		Where Residing if not at place of death		Va	
	Married, Single or Widowed	widow		Name of wife or Husband		William Eddins	
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Edna Eddins		How related to deceased		daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	Probably 10 yrs.
	Immediate	Cardiac Failure				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. Hagerman
					Address		Hagerstown, Md
Accident or Suicide? <i>no</i>							



Name
in
Full

Houri Emmert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Pinkston</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1905-	Month <i>4</i>	Day <i>24</i>	Age <i>15</i> -	Years <i>6</i> Months <i>13</i> -
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>md</i>	
			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Isaac Emmert</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary E Young</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Isaac Emmert</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>9 mons</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. P. Stupp</i>
		Address	<i>HAGERSTOWN, MARYLAND.</i>
Accident or Suicide?			

Hayden

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

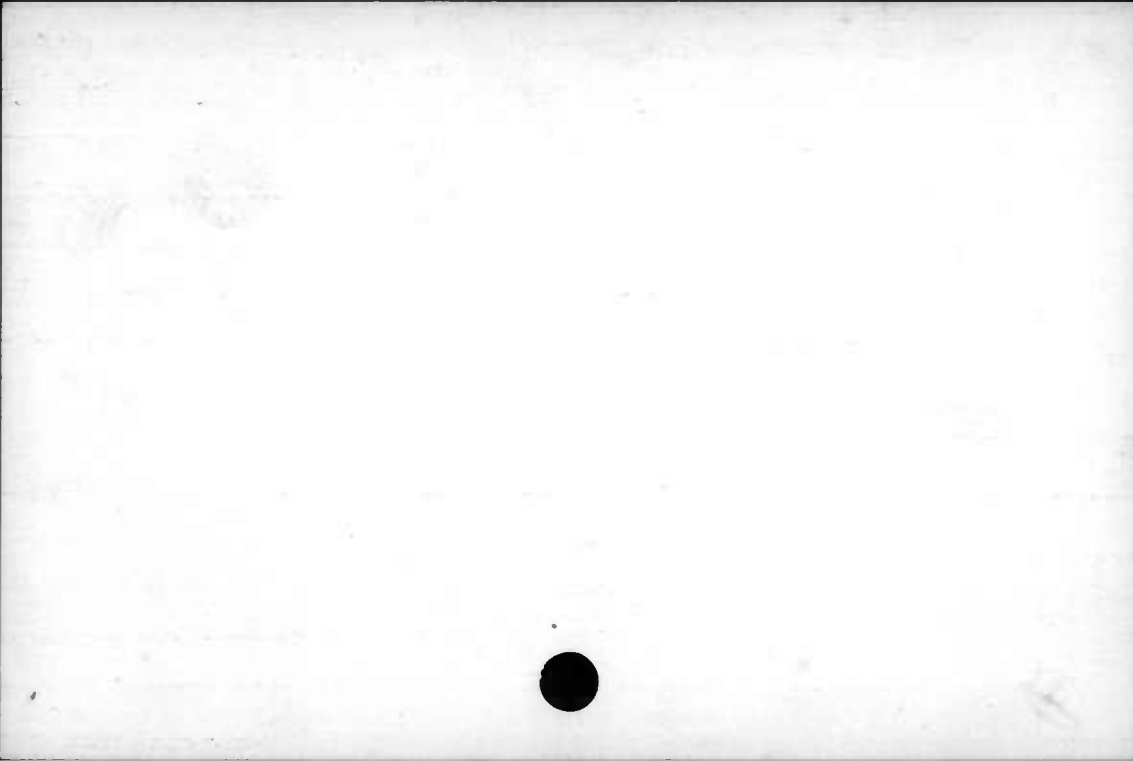
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Mt. Etua</u> Town		<u>Washington</u> County			
Date of death	1905	Month	4	Day	5
Sex	Male	Color or Race	white	Age	—
Occupation	—		Where Residing if not at place of death	<u>Mt. Etua</u>	
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	<u>George W. Ferguson</u>			Father's Birthplace	<u>Ringgold</u>
Mother's Maiden Name	<u>Miss Nannie Wutrow</u>			Mother's Birthplace	<u>Ringgold</u>
Name of person giving information	<u>George W. Ferguson</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Spasms</u>	How long	<u>2 days</u>
Immediate	<u>Inward Spasms</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Go Physician in attendance</u>	
Yes		Address <u>George W. Ferguson</u> <u>Mt. Etua</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

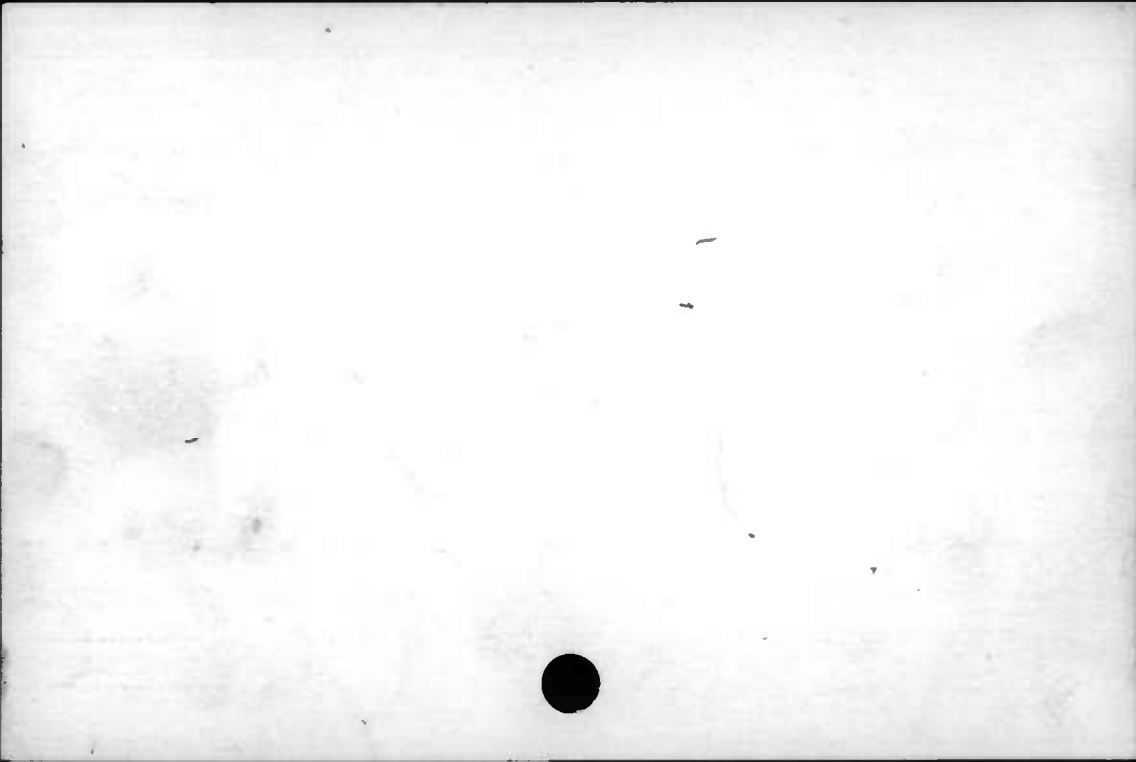
Infant Focker

Died at <i>Swanton</i> Town		<i>Wash</i> County		MARYLAND	
Date of death <i>1906 Apr.</i>		Month	Day <i>22</i>	Age Years	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Benjamin Focker</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Edna A. Focker</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mrs. H. Smith</i>		How related to deceased <i>not rel</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>Not at all</i>
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Physician</i>
	Address <i>Signed by John Black</i>
<i>X</i> Accident or Suicide	<i>Beaver Creek Justice Peace</i>



Name
in
Full

Roy A Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indian Spring</i> ^{Town}		<i>Washin</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>6</i>	Years <i>22</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Foxville md</i>		
Occupation <i>Day Laborer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm L Fox</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Emma Duncan</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>D. L. Fox</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Miliary Tuberculosis</i>	How long	<i>3 mos</i>
Immediate	<i>Tuberculous Meningitis</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

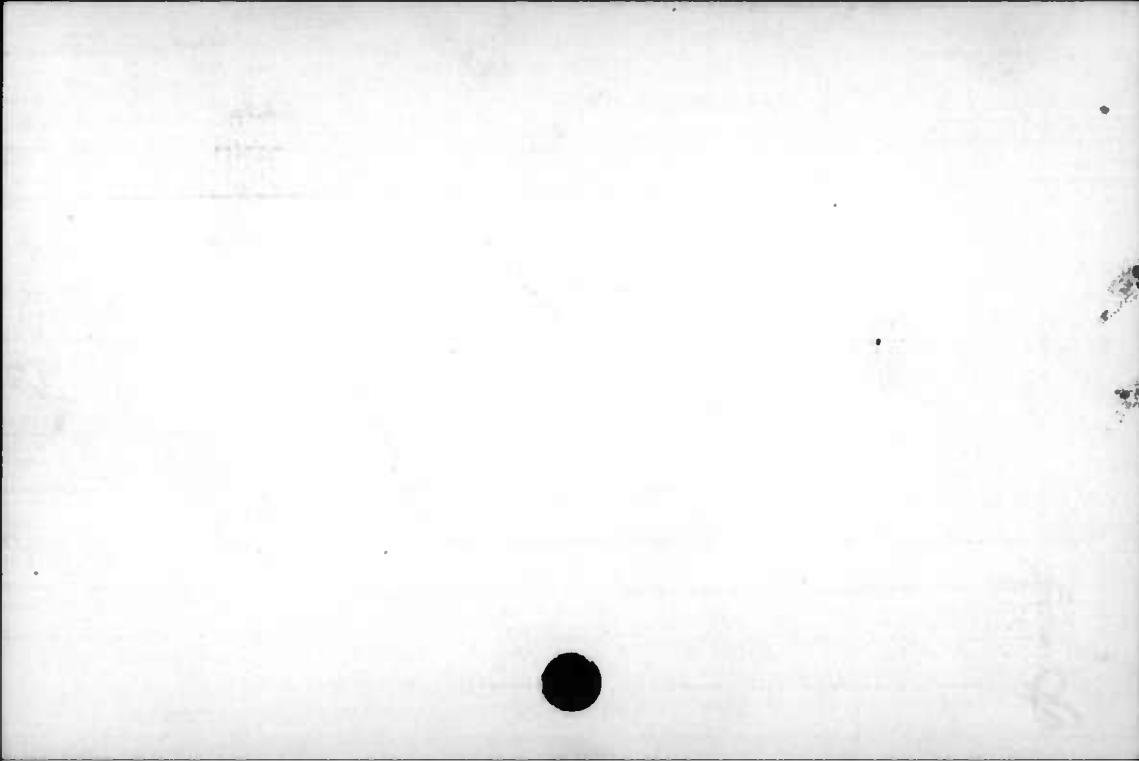
Signature of Physician

E. J. Mason, M.D.

Address

Clearspring md.

Accident or Suicide?



Name
in
Full

Mrs Sarah Ann Oswald Gassman

CERTIFICATE OF DEATH

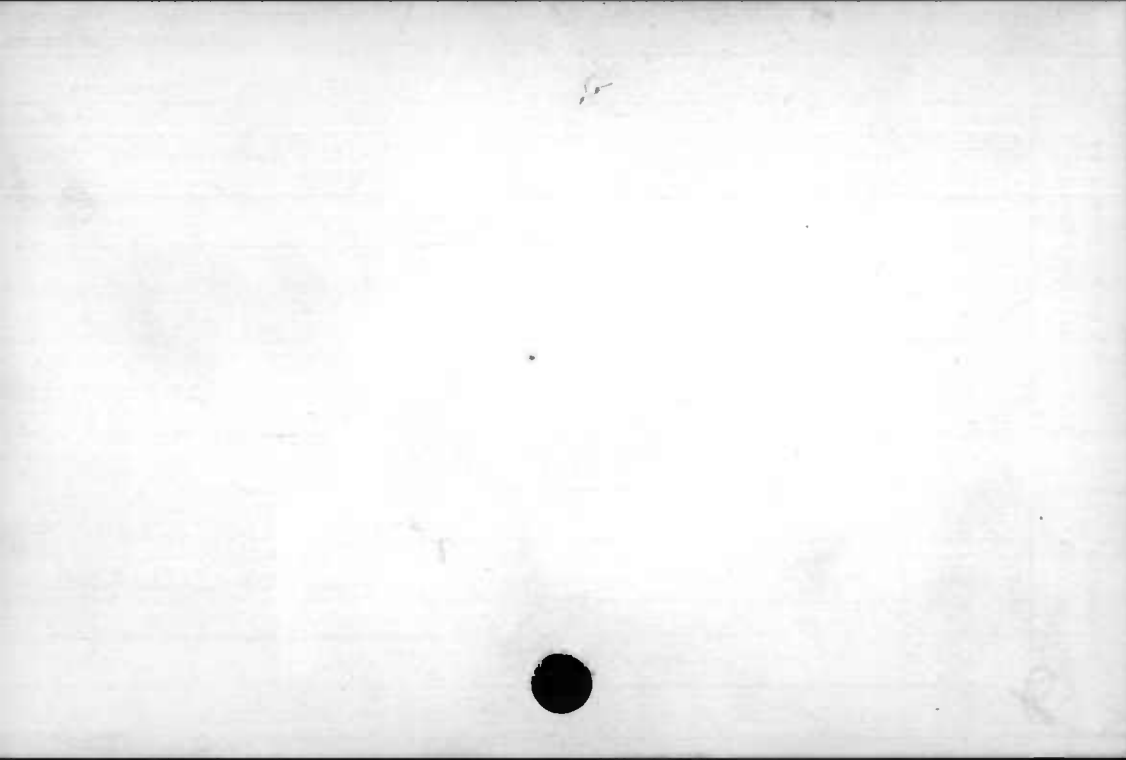
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1905	Month Apr	Day 19	Age 67	Years	Months 9	Days
Sex	female		Color or Race	white		Birth-place	MD.
Occupation	H.W.			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	William Gassman.			
Father's Name	Frederick Thomas				Father's Birthplace	MD.	
Mother's Maiden Name	Sarah Ann Oswald				Mother's Birthplace	" "	
Name of person giving information	William Gassman				How related to deceased	husband.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease		How long	19
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
			Address	
			A. P. Hauger	
Accident or Suicide?			HAGERSTOWN MARYLAND.	



Name
in
Full

The Rudolph Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Big Spring* ^{Town} *Wash* ^{County}
 Date of death *1905* ^{Year} *April* ^{Month} *27* ^{Day} Age *1* ^{Years} *1* ^{Months} *4* ^{Days}
 Sex *male* Color or Race *White* Birth-place *Big Spring*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Samuel R. Groves*Father's
Birthplace*Ind*Mother's
Maiden Name*Georganna Webb*Mother's
Birthplace*Mo*Name of person giving
Information*Father*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Bronchial catarrh

How long

Three months

Immediate

Whooping Cough

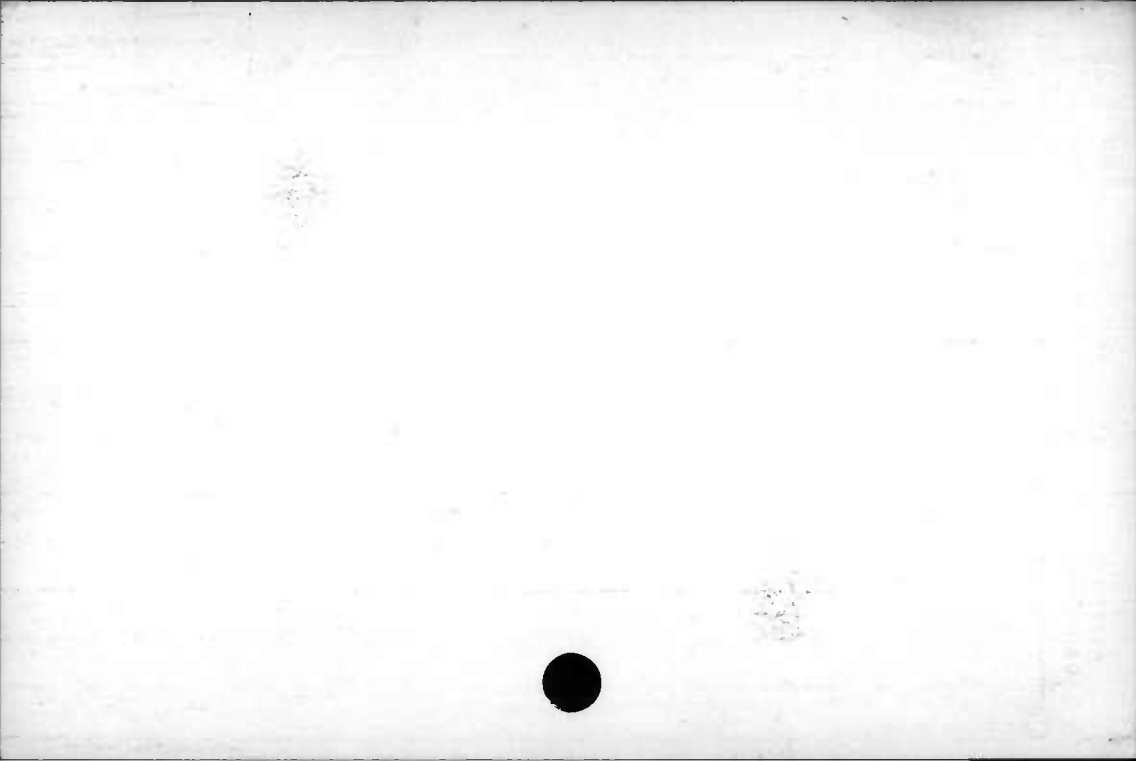
How long

*Three weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Abraham Shank*

Address

*Clearspring
Washington County*

Accident or Suicide



Name
in
Full

Daniel P. Hamburg

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

1904

Month

4

Day

14

Years

Age

Months

11

Days

12

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles L. Hamburg

Father's
Birthplace

Pa

Mother's
Maiden Name

Nanni P. Smith

Mother's
Birthplace

Md

Name of person giving
In formation

Charles L. Hamburg

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteric Colitis

How long

2 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

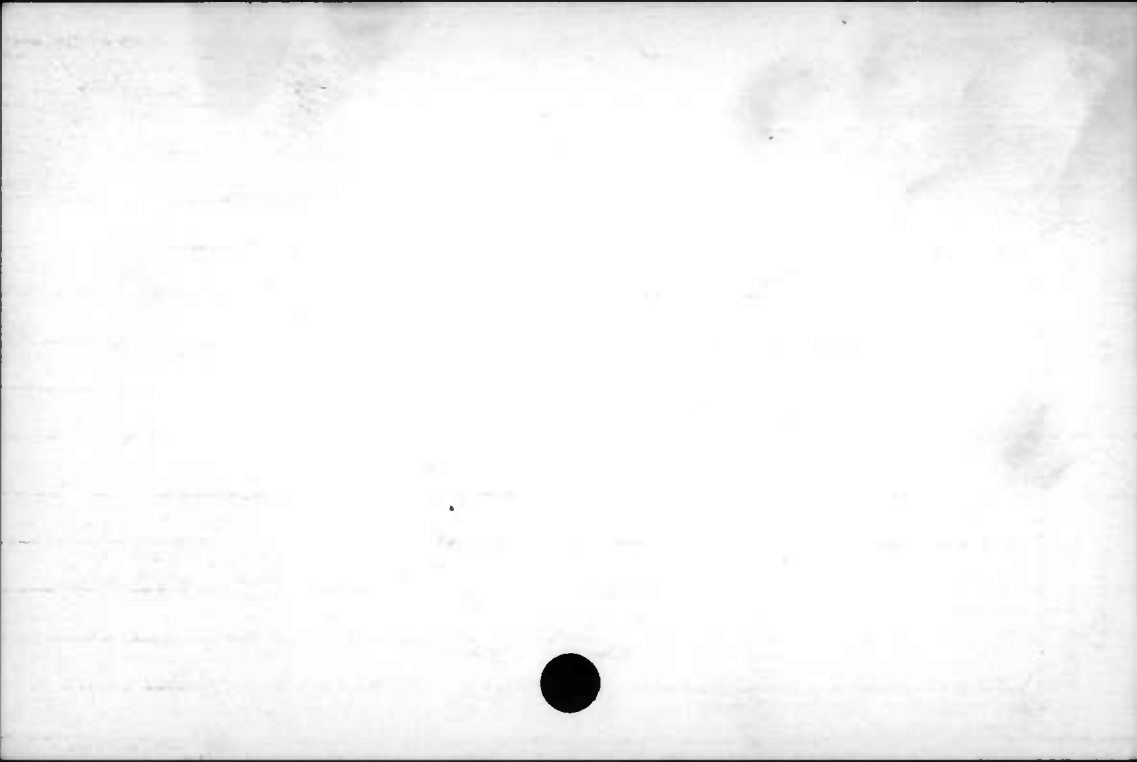
Victor D. Miller, Jr.

Address

Hagerstown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth

Hamburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown* TownCounty *Washington*

MARYLAND

Date of death 1905

Month *11*Day *4*Age *88* YearsMonths *4*

Days

Sex *Female*Color or Race *White*Birth-place *Pa*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Howard Hamburg*Father's Birthplace *Pa*Mother's Maiden Name *Margarett Neels*Mother's Birthplace *Pa*

Name of person giving information

How related to deceased *Sister*

CAUSES OF DEATH

Primary

Cancer of breast

How long

some months

Immediate

Cancer

How long

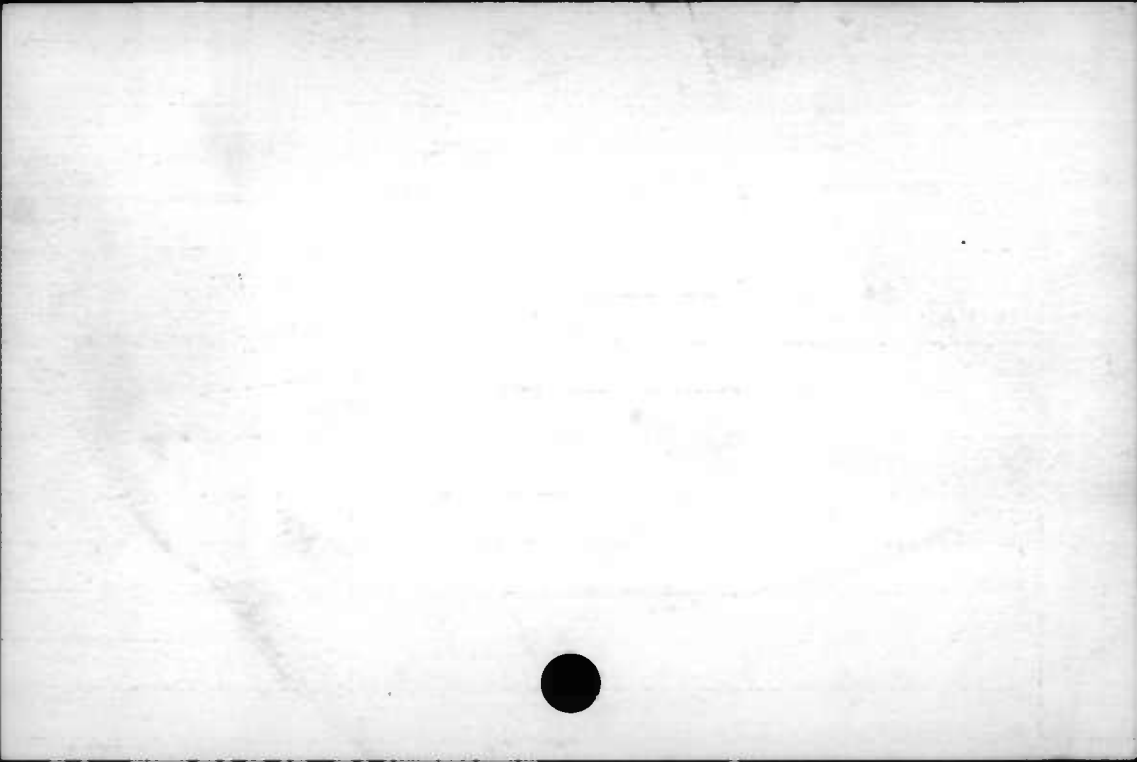
Some months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*yes**Chas D. Boyle M.D.
Hagerstown Md**Accident or Suicide?*



Name
in
Full

Still Born Child Chavella Harper

CERTIFICATE OF DEATH

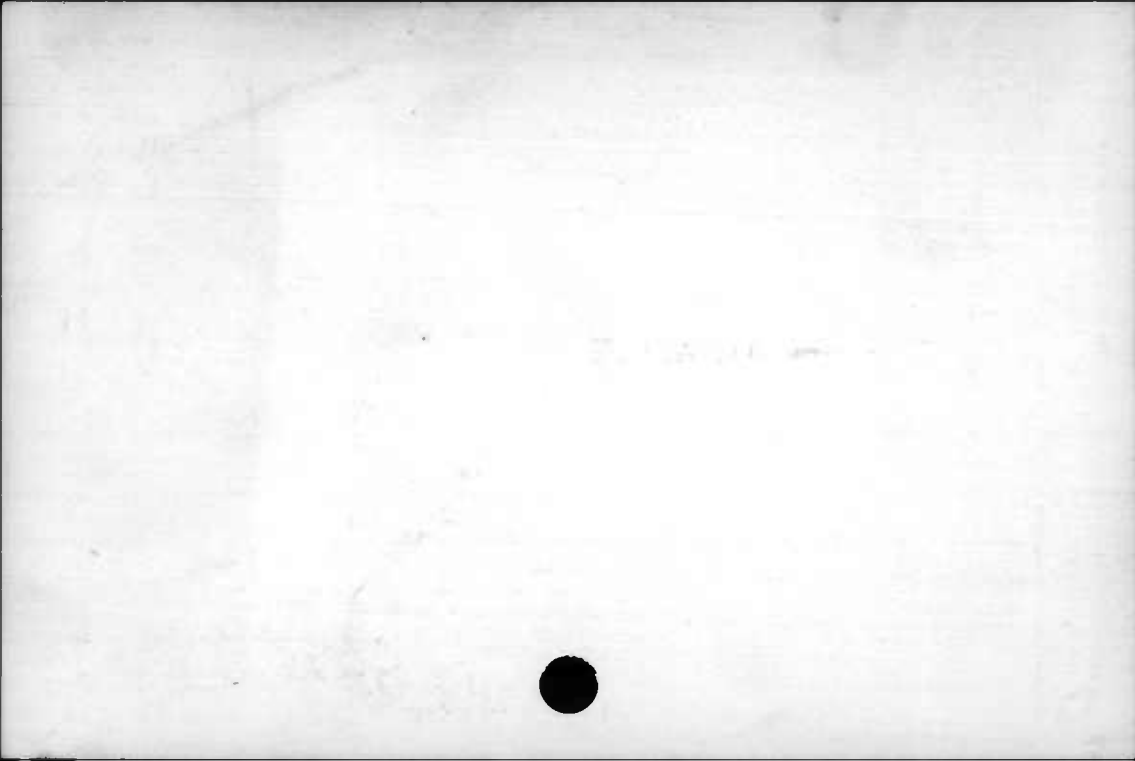
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>4</i> <small>Day</small> <i>25</i> <small>Age</small> <i>2.5</i>		<i>2.5</i> <small>Years</small>		<i>2.5</i> <small>Months</small> <i>2.5</i> <small>Days</small>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Chas Harper</i>		Father's Birthplace <i>Penna</i>			
Mother's Maiden Name <i>Ella Seary</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Ella Harper</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i></i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H K Derr M.D.</i>	
<i></i>		Address <i>Hagerstown Ind.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Katharine Henderson</i>		Town <i>Hancock</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hancock</i>		Month <i>Apr. 17</i>		Day <i>17</i>		Age <i>72</i>	
Date of death <i>1905</i>		Color or Race <i>White</i>		Birth-place <i>Near Hancock</i>		Where Residing if not at place of death <i>Home</i>	
Sex <i>Female</i>		Occupation <i>Wife</i>		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>C. W. Henderson</i>	
Father's Name <i>Danice Brosius</i>		Father's Birthplace <i>Holland</i>		Mother's Maiden Name <i>E. M. Johnson</i>		Mother's Birthplace	
Name of person giving information <i>Ernest C Henderson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Pericarditis</i>	How long	<i>67</i>
Immediate		How long	<i>1 Year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. E. Stiques</i>	
		Address <i>Hancock Md.</i>	
Accident or Suicide?			

Dr. Stigson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thompson A. Higgins!

Died at *Hagerstown* ^{Town} *Wash.* ^{County}

MARYLAND

Date of death *1905* ^{Month} *Apr* ^{Day} *21* ^{Years} *78* ^{Months} *—* ^{Days} *3*Sex *male* Color or Race *white* Birth-place *Md.*Occupation *Laborer* Where Residing if not at place of death *—*Married, Single or Widowed *widower* Name of Wife or Husband *Louisa*Father's Name *Not Known* Father's Birthplace *—*Mother's Maiden Name *" "* Mother's Birthplace *—*Name of person giving information *Ida Lunn* How related to deceased *none*

CAUSES OF DEATH

Primary *—* How long *154*Immediate *General Debility* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Conselor R. Sou*Address *Hagerstown*No physician in attendance. *Md.*

Accident or Suicide?

Mt Jabor -

Name
in
Full

Maria Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

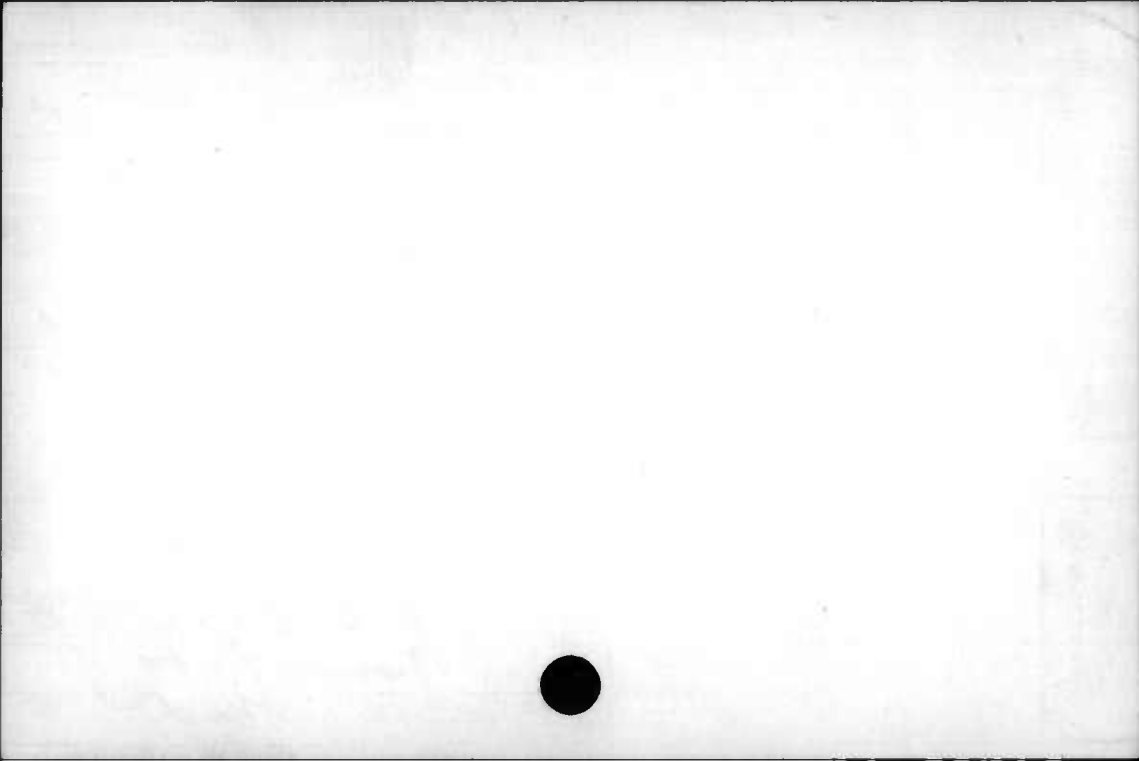
Died at <i>Brunsville</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>4</i> ^{Month}	<i>16</i> ^{Day}	<i>86</i> ^{Years}	<i>10</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>M. D.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>James W. Holmes</i>		
Father's Name <i>Phillip Stone</i>			Father's Birthplace <i>M. D.</i>		
Mother's Maiden Name <i>Sophia Smith</i>			Mother's Birthplace <i>M. D.</i>		
Name of person giving Information <i>Emma J. Holmes</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	<i>64</i> ^{How long}	<i>4 months</i>
Immediate	<i>"</i>	<i>"</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>J. J. Yountie</i>		Address <i>Brunsville</i>	
		<i>M. D.</i>	

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Houpt

Died at *Brownboro* ^{Town} *Wash.* ^{County}

Date of death *1905* ^{Month} *Apr.* ^{Day} *21* Age *still born* ^{Years} ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Brownboro*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Francis Houpt -* Father's Birthplace *Wash. Co*

Mother's Maiden Name *Lel. Easterday* Mother's Birthplace *Wash Co*

Name of person giving information *F. Houpt -* How related to deceased *Father*

CAUSES OF DEATH

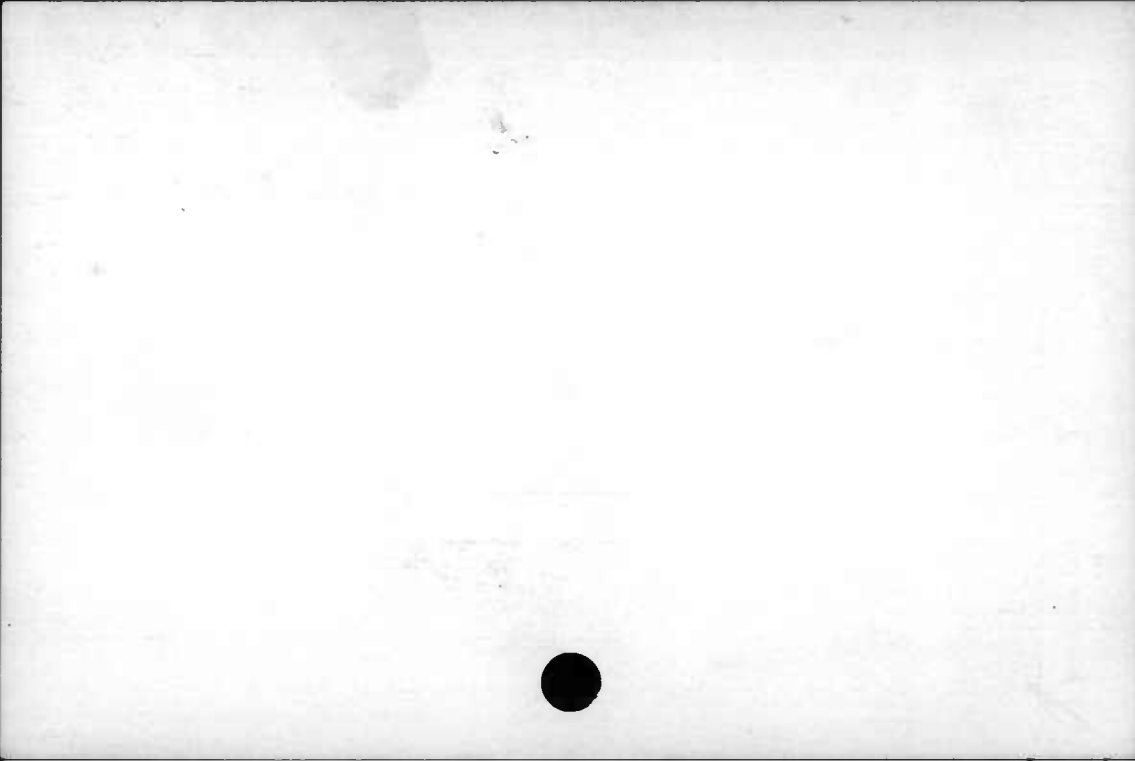
Primary _____ How long _____

Immediate *Strangulation (Cord)* *S.* How long _____

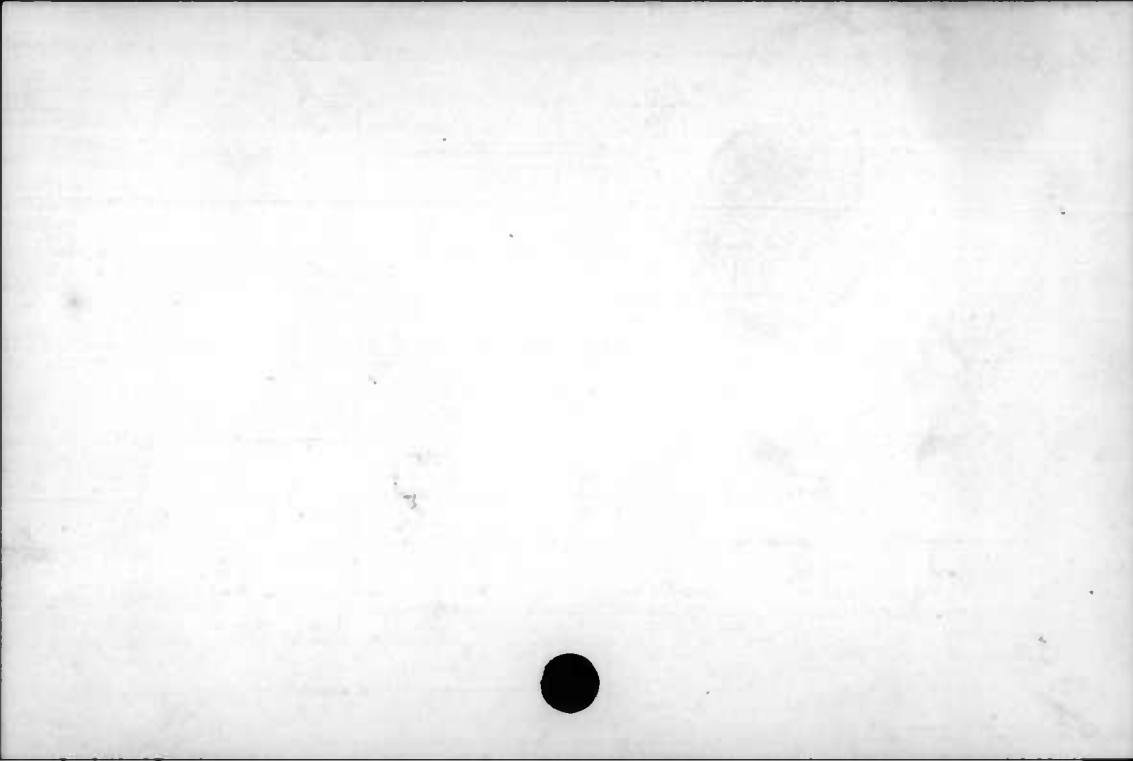
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. S. Davis M.D.*

Address *Brownboro Md*

Accident or Suicide? _____



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bakersville</i>		County <i>Washington</i>		
		Date of death <i>1905</i>		Month <i>4</i>	Day <i>8</i>	Age <i>16</i>
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bakersville</i>
		Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Bakersville</i>		
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>X</i>		
		Father's Name <i>J A Huffman</i>		Father's Birthplace <i>Woodyside</i>		
		Mother's Maiden Name <i>Georgeanna Oakle</i>		Mother's Birthplace <i>Bakersville</i>		
Name of person giving information <i>Georgeanna Huffman</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long		
		Immediate <i>Fracture cervical vertebra</i>		How long <i>Instantaneous</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>U. M. Reichard</i>		
		Address <i>Fairplay,</i>				
Accident or Suicide? <i>2</i>						



Name
in
FullElizabeth Catherine Kentzell
Town Zittlestown County Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

April

Day

28

Age

Years

53

Months

8

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Samuel E. Kentzell

Father's
Name

Phillip Leapole

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Stone

Mother's
Birthplace

Maryland

Name of person giving
information

Samuel E. Kentzell

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Interstitial Hepatitis

How long

Don't know

Immediate

Bilateral Regurgitation

How long

Don't know.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

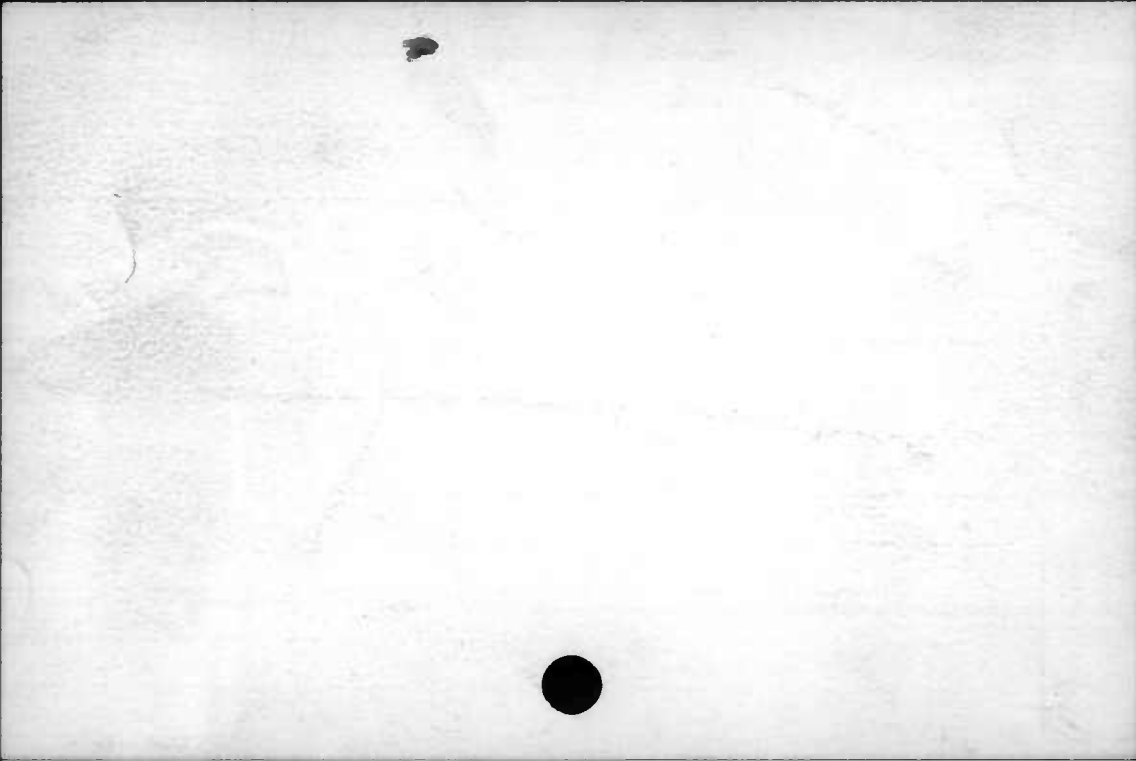
Address

J. Hubert Wade M.D.
Boonsboro.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

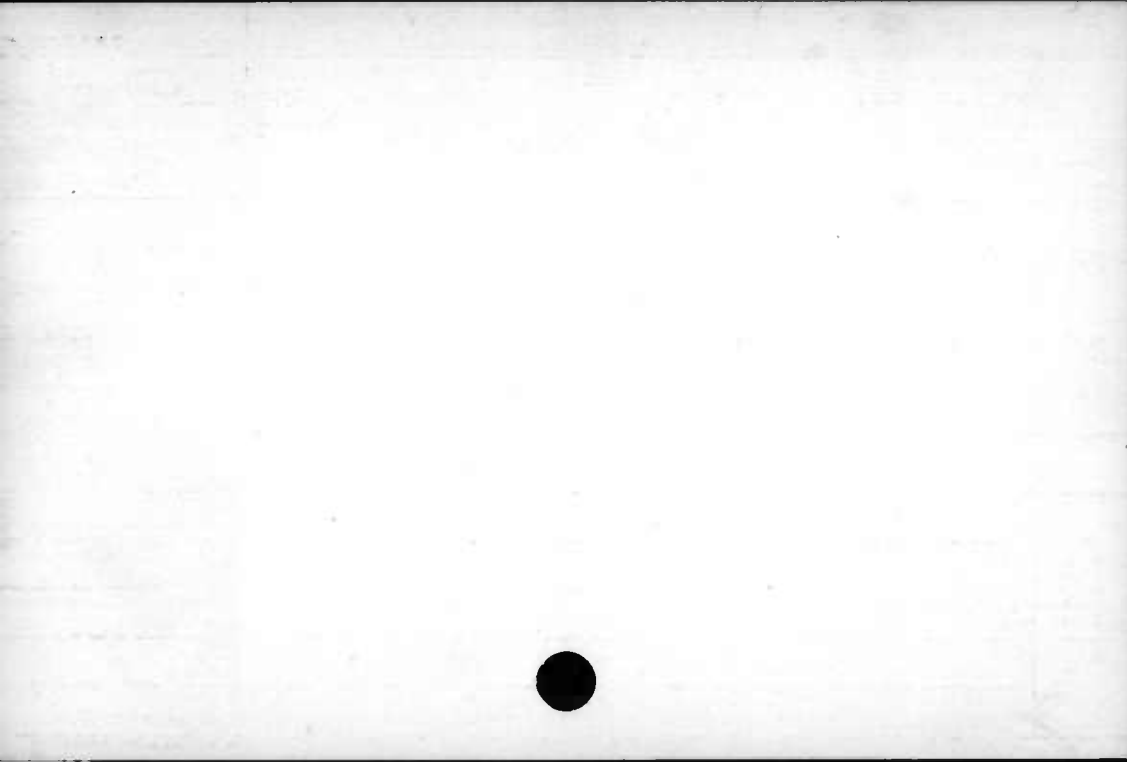
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1905	Month 4	Day 30	Age Years	40	Months	Days
Sex	Male		Color or Race	White		Birth- place	Near Smithsburg
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Elizabeth Kendal			
Father's Name	John Kendal			Father's Birthplace	Near Smithsburg		
Mother's Maiden Name	Mary Anne Bowman			Mother's Birthplace	..		
Name of person giving information	John Leary			How related to deceased	No relation		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed on Bent Road by Train		How long	Half Hour
Immediate	..		How long	1/2
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Leary / Hagerstown
			Address	Smithsburg Md
Accident or Suicide?				



Name
in
Full

Samuel E Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Maplesville*^{County} *Washington*

MARYLAND

Date of death ^{Month} *April*^{Day} *25*^{Years} *63* ^{Age}^{Months}^{Days}Sex *Male*Color or
Race*White*Birth-
place*Washington Co*

Occupation

*Mason*Where Residing if not
at place of deathMarried, ~~Single~~Name of Wife or
Husband*Kate Strauss*Father's
Name*Frank Kennedy*Father's
Birthplace*_____*Mother's
Maiden Name*Fray Dietrich*Mother's
Birthplace*_____*Name of person giving
Information*Wife*How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. J. Smith*

Address

*Burnsboro**Md*

Accident or Suicide?



Name
in
Full

Oliver Cromwell Knoble

CERTIFICATE OF DEATH

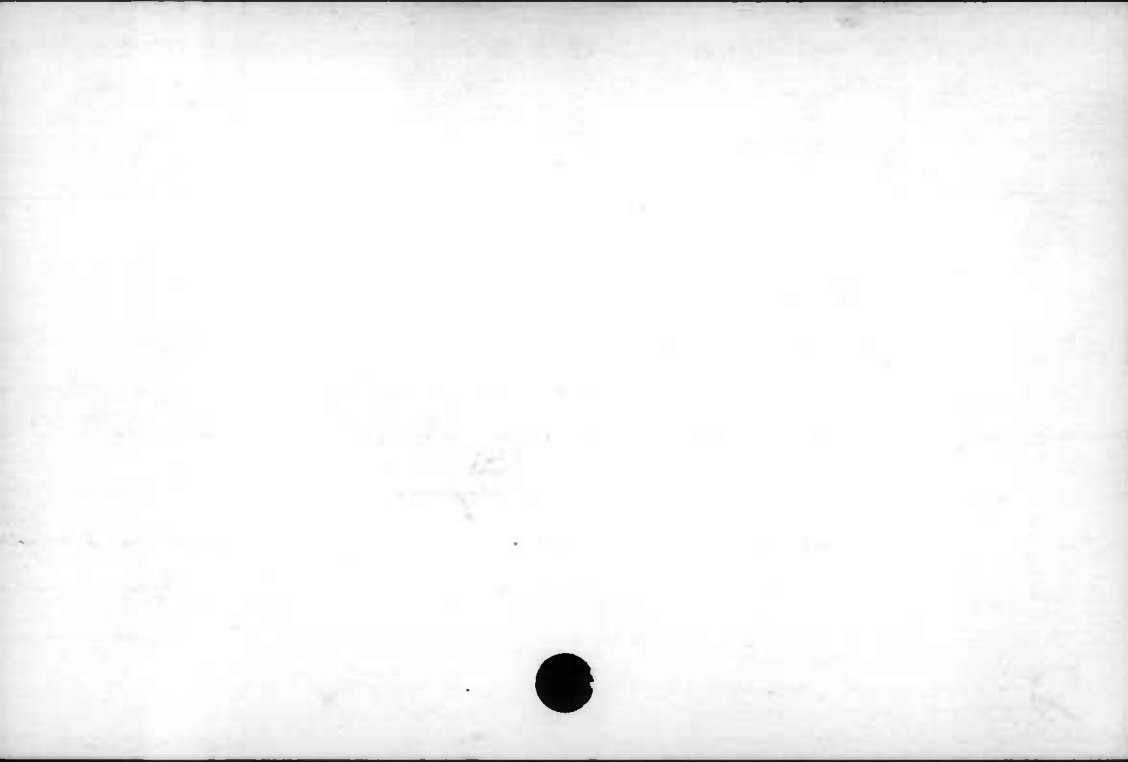
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Beausbaro		County		MARYLAND	
Date of death		1905	April	20	Age	86	Months 4 Days 21
Sex		male		Color or Race		white	
Occupation		Plasterer		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		widower		Name of Wife or Husband			
Father's Name		Jacob Knoble		Father's Birthplace		unknown	
Mother's Maiden Name		Mary Bentz		Mother's Birthplace		unknown	
Name of person giving information		Berbert Knoble		How related to deceased		Grand son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis -	How long	10 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W.B. Wheeler M.D. / La	
Address		Beausbaro	
Accident or Suicide?		Washington -	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John F. Leggett.

Town *Leagerstown* County *Washington* MARYLAND

Died at *Leagerstown*

Date of death *1905* *Apr.* *19* Age *62* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *Clerk.* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife *Mrs Nettie Leggett.*

Father's Name *John Leggett* Father's Birthplace *MD.*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Mrs. Nettie Leggett* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

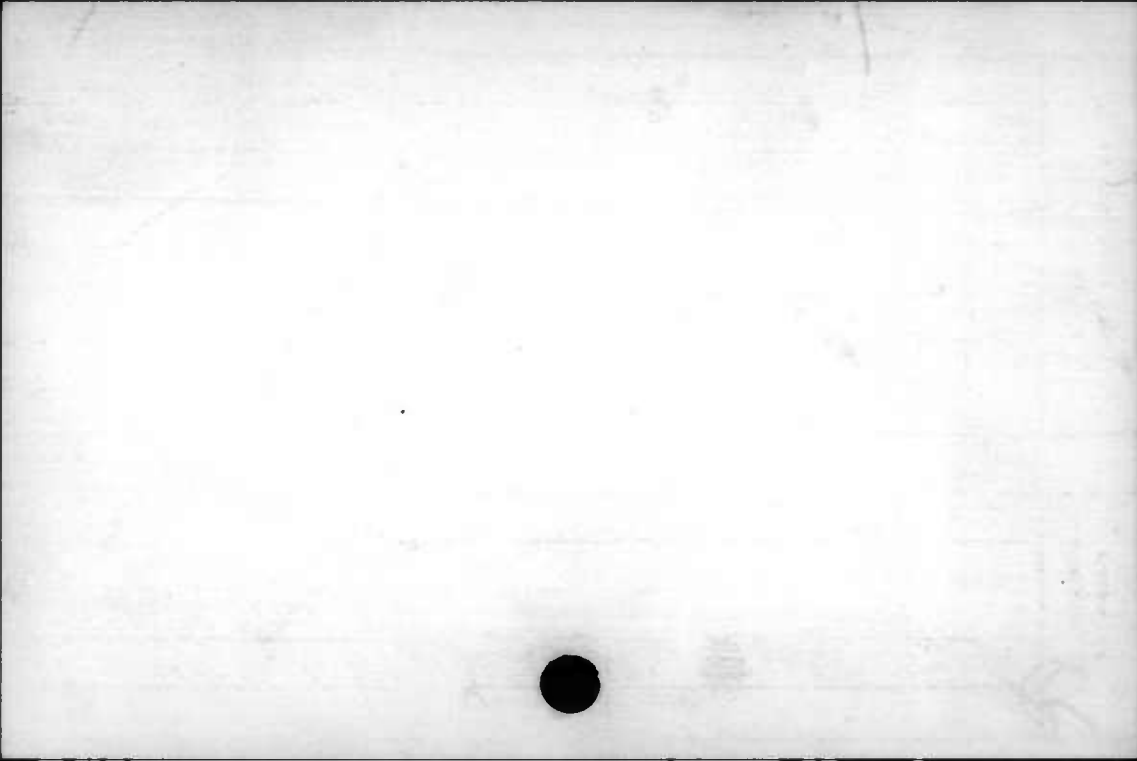
Primary *Pyæmia* How long *4 weeks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Victor D. Miller Jr.* Address *Stagerstown Md*

Accident or Suicide? *Yes*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

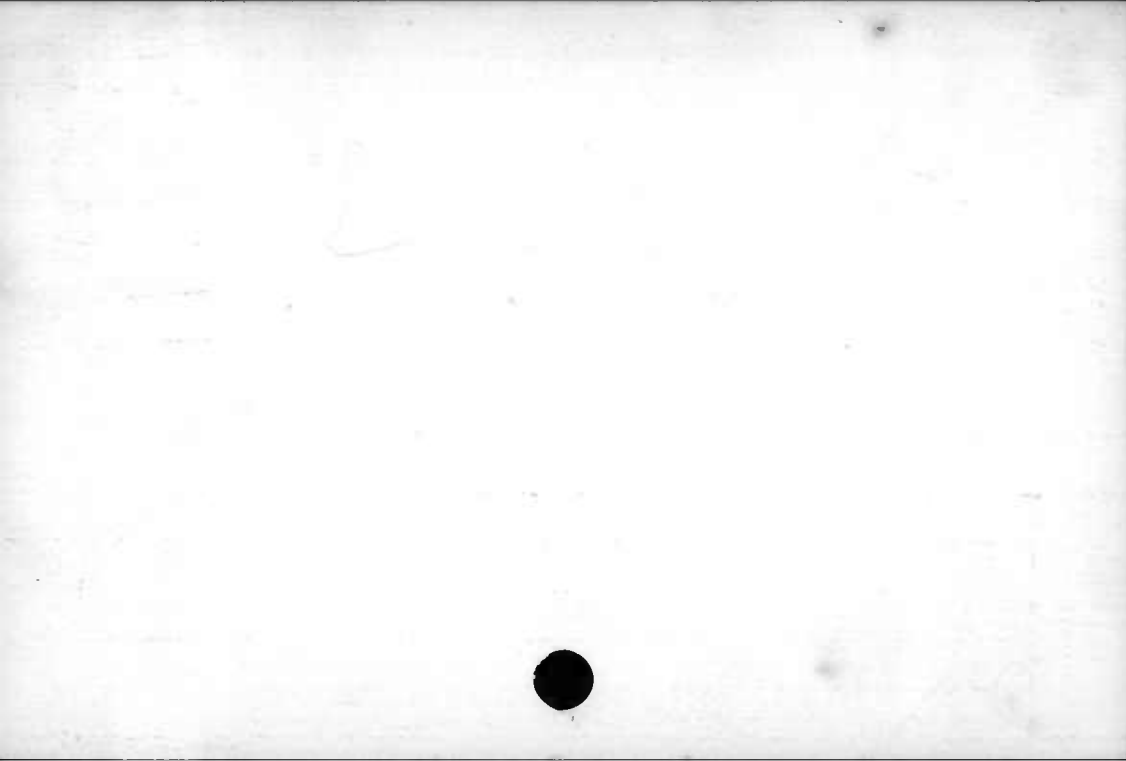
CERTIFICATE OF DEATH

Died at <i>Chenault</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Apr</i>	Day <i>16</i>	Age	<i>68</i>	Years <i>5</i>	Months <i>21</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>near Chenault</i>
Occupation	<i>Carpenter</i>			Where Residing if not at place of death " "			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Mrs. Longancker</i>			
Father's Name	<i>Abraham Longancker</i>				Father's Birthplace	<i>Chenault</i>	
Mother's Maiden Name	<i>Don't know</i>				Mother's Birthplace	<i>Don't know</i>	
Name of person giving information	<i>Mrs. Joz Longancker</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>One year</i>
Immediate	<i>Heart Failure</i>	How long	<i>One Week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Joz Profman</i>
		Address	<i>Smithsburg Md.</i>
Accident or Suicide?			



Name
in
Full

Anna M. Gade



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1905	Month 4	Day 12	Age	77	Years	Months —
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	House Work			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	John Giese					Father's Birthplace	Pa
Mother's Maiden Name	Maydeline Polty					Mother's Birthplace	Md
Name of person giving information	W. E. McEach					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstital Nephritis	How long	(1720) Don't know
Immediate	General Debility	How long	About six months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Daniel C. Watkins
		Address	Hagerstown Md.
			
			
Accident or Suicide?			

Rose Hill

Name
in
Full

Edward M. Mabley

CERTIFICATE OF DEATH

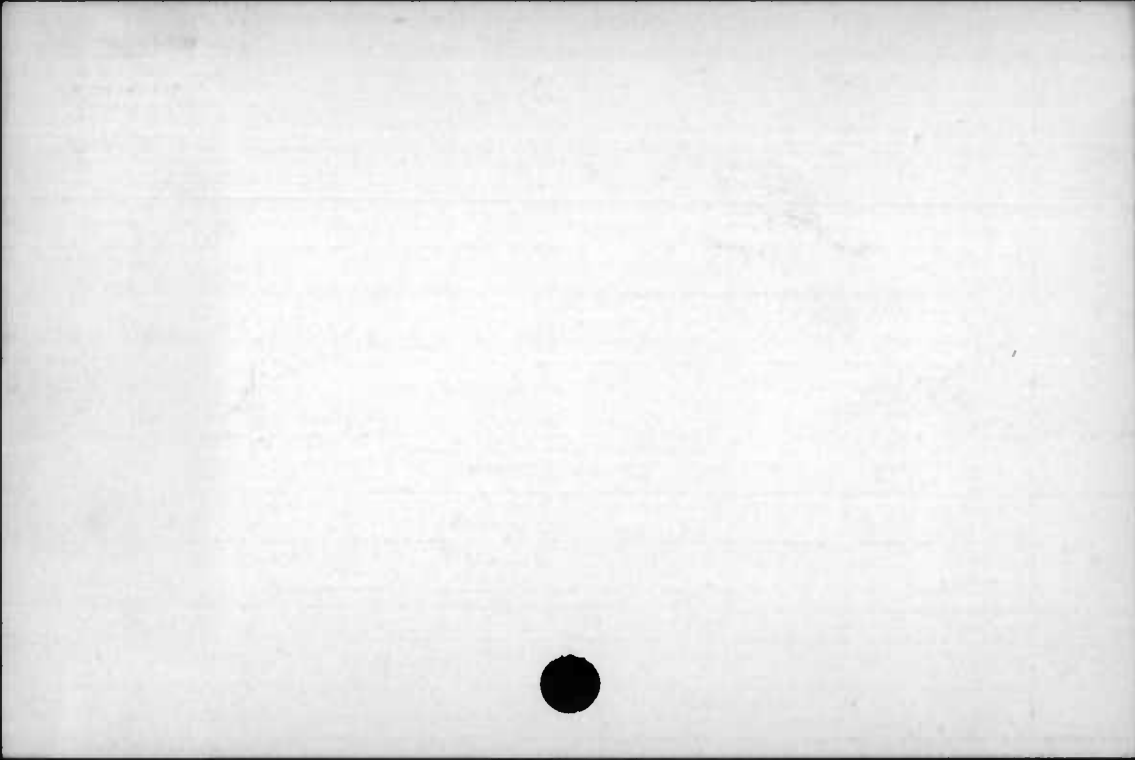
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1905	Month	4	Day	4
Age	81	Years	2	Months	4
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Ellen C. Mabley		
Father's Name	Eli Mabley	Father's Birthplace	Md		
Mother's Maiden Name	Sophia Maberry	Mother's Birthplace	Md		
Name of person giving information	Richard Mabley	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66	Couple years
Immediate	Exhaustion	How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. P. Scott	
		Address	Hagerstown.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Oda May MacLay</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		STATE <i>MARYLAND</i>	
Died at		Date of death <i>1905</i>		Age		Months <i>11</i>	
		Month <i>4</i>		Day <i>15</i>		Years <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John H. MacLay.</i>				Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Sue Staker</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>J. H. MacLay</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis and Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>8</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. K. Den.</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

George Washington Myers

CERTIFICATE OF DEATH

Died at ^{Town} Sharpsburg^{County} Washington

MARYLAND

Date of death 1905 Apr.

Day 18.

Age 1.

Months 2.

Days 4.

Sex male

Color or Race white.

Birthplace Sharpsburg

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Clifford Myers

Father's Birthplace Md

Mother's Maiden Name Annie Carter

Mother's Birthplace

Name of person giving information Annie Carter

How related to deceased Mother

CAUSES OF DEATH

Primary Bronchitis

How long 2 weeks in my charge

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? As far as I know

Signature of Physician C. Howell Gardner

Address Sharpsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Eugene Markes
Undertaker,

Name
in
Full

Lewis Hudson. Padon.

CERTIFICATE OF DEATH

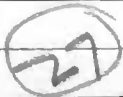

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Leitersburg</u> ^{Town}		<u>Washington</u> ^{County}			
Date of death <u>1905</u>	<u>4</u> ^{Month}	<u>22</u> ^{Day}	Age <u>37</u> ^{Years}	<u>3</u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Perry Co. Pa.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Leitersburg</u>				
<input checked="" type="checkbox"/> Married, Single or <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name <u>Andrew Padon</u>			Father's Birthplace <u>Perry Co. Pa.</u>		
Mother's Maiden Name <u>Sophia Jones</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Sophia Padon</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>18 months</u>
Immediate <u>Heart Failure</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Geo. B. Hoover Undertaker</u>
	Address <u>Smithsburg Md.</u>
	
	
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John L Reed* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *1905* Month *4* Day *4* Age *88* Years Months *3* Days *10*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Retired Merchant* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *Not known* Father's Birthplace *Germany*

Mother's Maiden Name *Not known* Mother's Birthplace *Germany*

Name of person giving information *John G Erush* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ch. M. M. M. M. M.* Address

Accident or Suicide?

Row 1/2

Name
in
Full

Mary V Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Hatch		MARYLAND	
Date of death		190	5	Month April	Day 14	Age 26	Years 1
Sex Female		Color or Race White		Birthplace Hancock			
Occupation Wife		Where Residing if not at place of death Lived at home					
Married, Single or Widowed Married		Name of Wife or Husband Raymond Richards					
Father's Name J. H. Datto		Father's Birthplace Near Hancock					
Mother's Maiden Name Sarah A. Bowry		Mother's Birthplace "					
Name of person giving information J. H. Datto		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 years
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. West	
Yes		Address Hancock	
No		Med	
Accident or Suicide?			

Sheet

Name
in
Full

CERTIFICATE OF DEATH

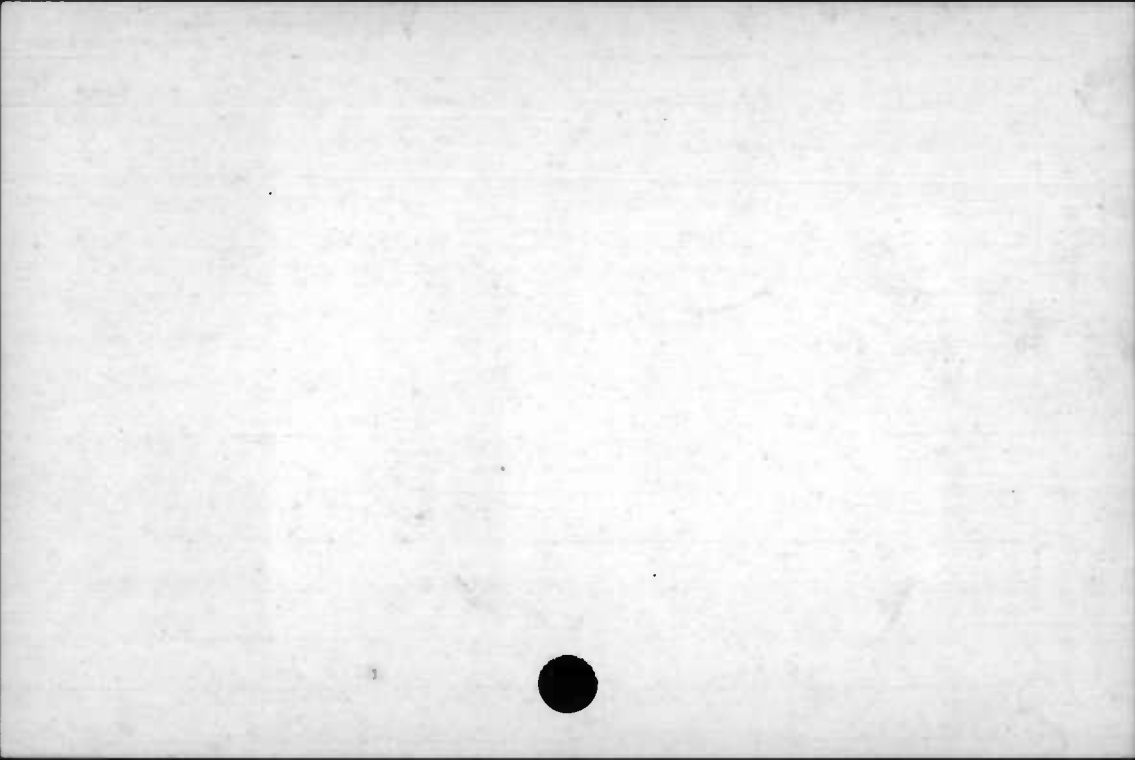
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Ellen Roby</i>		Town <i>Home</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 - April 17</i>		<i>60</i>		<i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dont Know</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>In Was Co Md</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Roby</i>					
Father's Name <i>Dont know</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Mary Ellen Souders</i>		Mother's Birthplace <i>Dont Know</i>					
Name of person giving information <i>Walter Roby</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>15 yrs</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>	Signature of Physician <i>H. E. Tabler</i>
	Address <i>Hancock MD</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Ida Alice Ronly

Died ^{Town} near Beaver Creek ^{County} Washington MARYLAND

Date 1905 ^{Month} 4 ^{Day} 17 ^{Age} 41 ^{Y.} 7 ^{M.} 12 ^{D.} ^{Native of} Maryland ^{Occupation} housewife

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} 5

Husband of George Blaggett Ronly

Father's Name John Seadden Mother's Name Barbara Smith

Cause of Death { Primary Miscarriage 134
Immediate Heart Failure

How long sick 2 days

Accident, Suicide, Homicide

Reported by Dr. J. W. Getendanner

Address Beaver Creek Washington Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name
in
Full

Ann. E. Ryan

246

CERTIFICATE OF DEATH

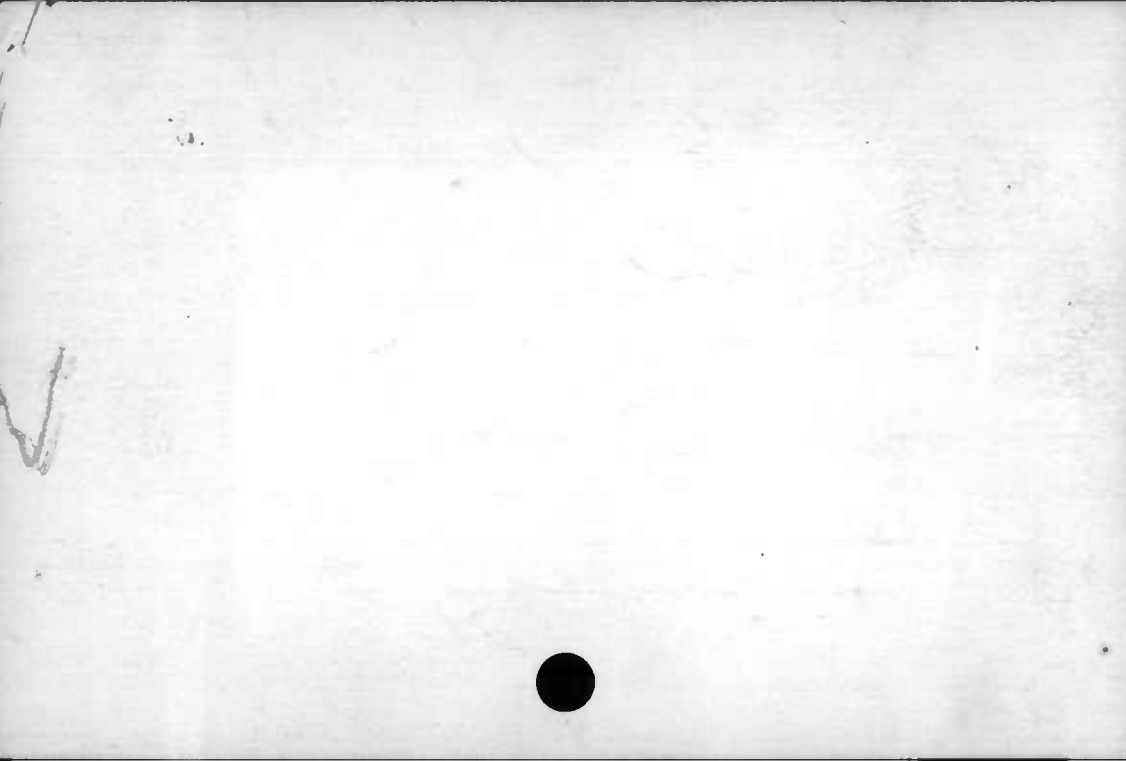
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month 1905	Day April 32	Years Age 83	Months		Days
Sex Male		Color or Race white		Birth-place Ireland			
Occupation Housewife				Where Residing If not at place of death Williamsport Md			
Married, Single or Widowed Widow		Name of Wife or Husband Timothy Ryan					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information Geo. W. McCardel				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. S. P. Lasher Address Williamsport Md
yes		
Accident or Suicide? Natural		



Name
in
Full

John A. Ryan

247

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Williamsport* TownCounty *Washington*Date of death *1901* *June* *13* Month DayAge *53* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Harpers Ferry W Va*

Occupation

*Railroad*Where Residing if not
at place of death*Williamsport*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Timothy Ryan*Father's
Birthplace*Ireland*Mother's
Maiden Name*Ann McPherney*Mother's
Birthplace*Ireland*Name of person giving
In formation*G W McCardell*How related
to deceased*Brother in law*

CAUSES OF DEATH

Primary

Pyæmia

How long

sick 3 months

Immediate

cardiac failure

How long

*01*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*D. D. I. Lester*

Address

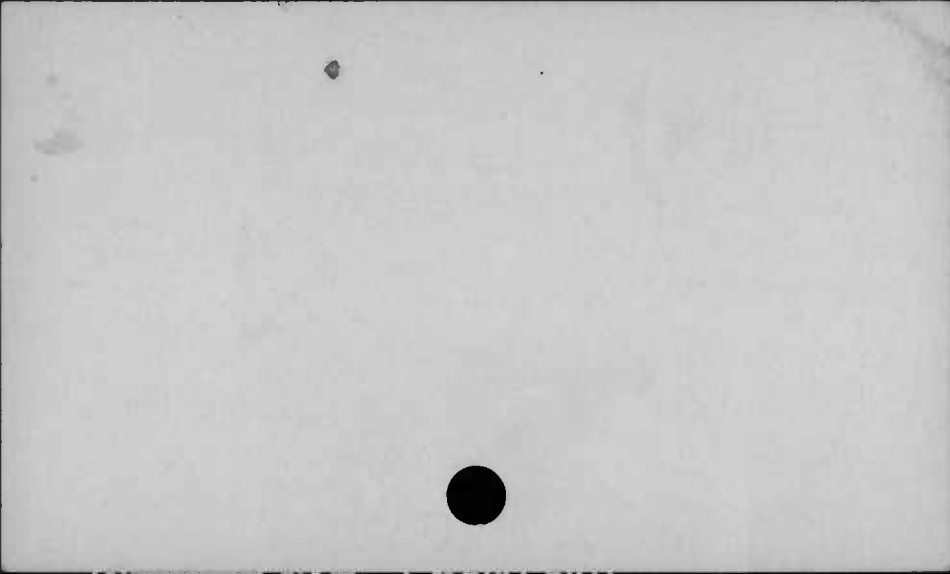
Williamsport Md

Cause of death?

*natural*PHYSICIAN
OR CORONER

J M Miller

Name in Full **Robert Seeler**
 Died at **over 100** Town **Wash** County **Wash** MARYLAND
 Date 19 **05** Month **4** Day **17** Age **33-11-3** Y. M. D. Native of **Ind** Occupation **Laborer**
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **5**
 Husband of **Elizabeth Holmes**
 Wife
 Father's Name **Isaac Seeler** Mother's Maiden Name **Lizzie Ainsworth**
 Cause of Death { Primary **Laborer** How long sick **2 weeks**
 Immediate **Heart Failure** Accident, Suicide, Homicide
 Reported by **C. D. Baker** M. D.
 Address **Rohrersville** **W. Va.**
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Paul Seigman

Town

County

Died at Beaver Creek.

Washington Co. A

MARYLAND

Date 1905 April 24 Age 72.4.13 Maryland Miller
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3.

Husband of Mary C. Marble.

Father's Name John Seigman

Mother's Name Hannah Payne

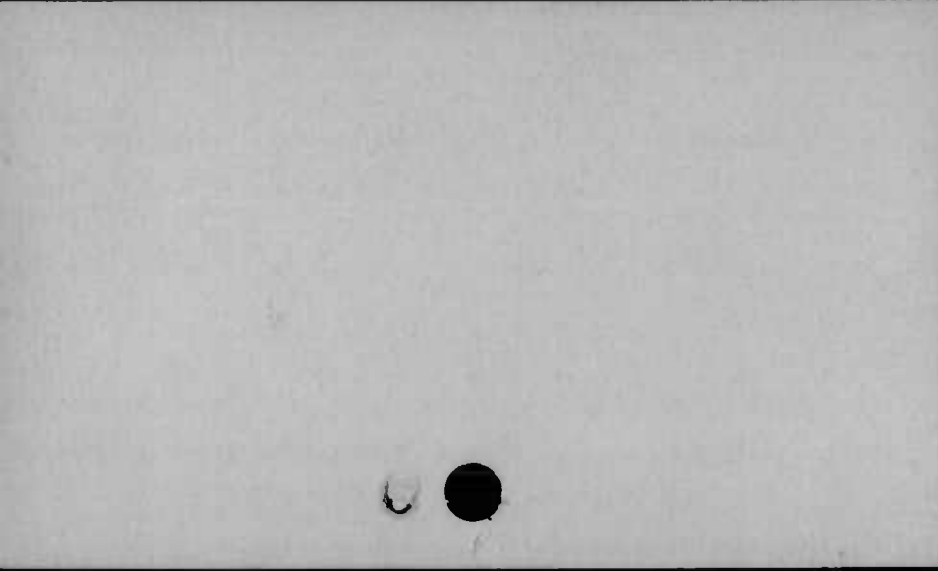
Cause of Death { Primary Fatty Degeneration of the Heart. How long sick Three weeks
 Immediate Exhaustion
 Accident, Suicide, Homicide

Reported by Dr. J. W. Gefendanner

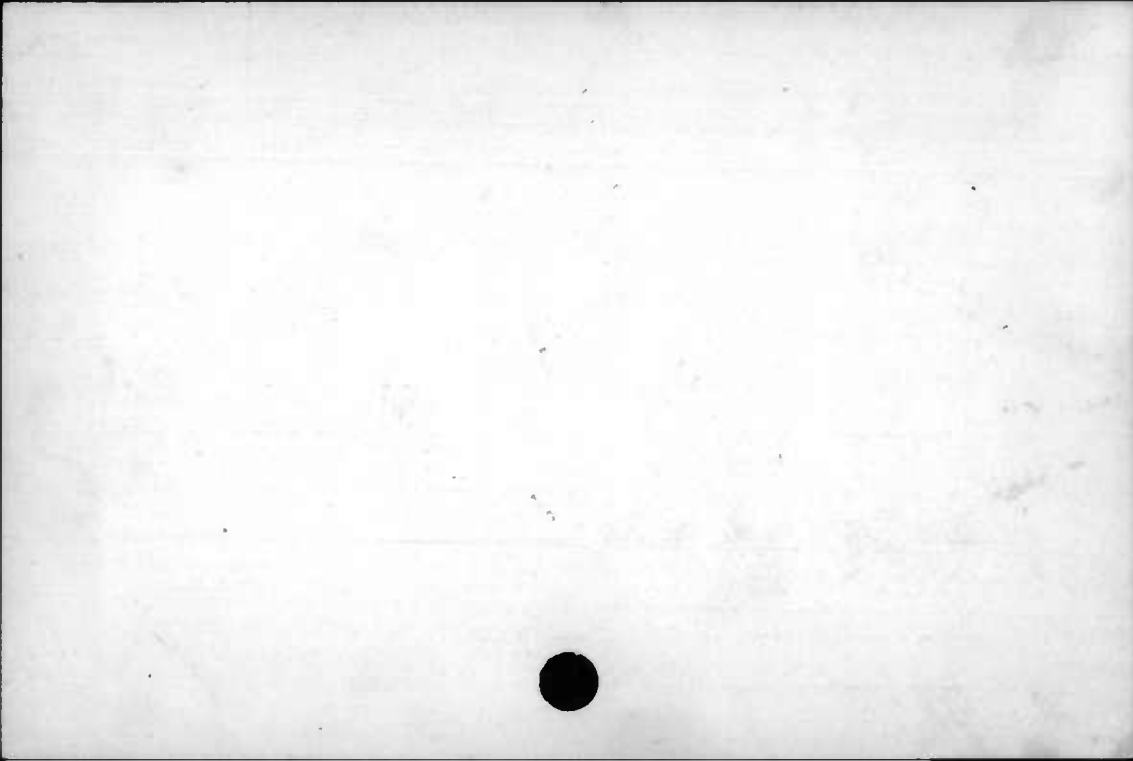
Address Beaver Creek. Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

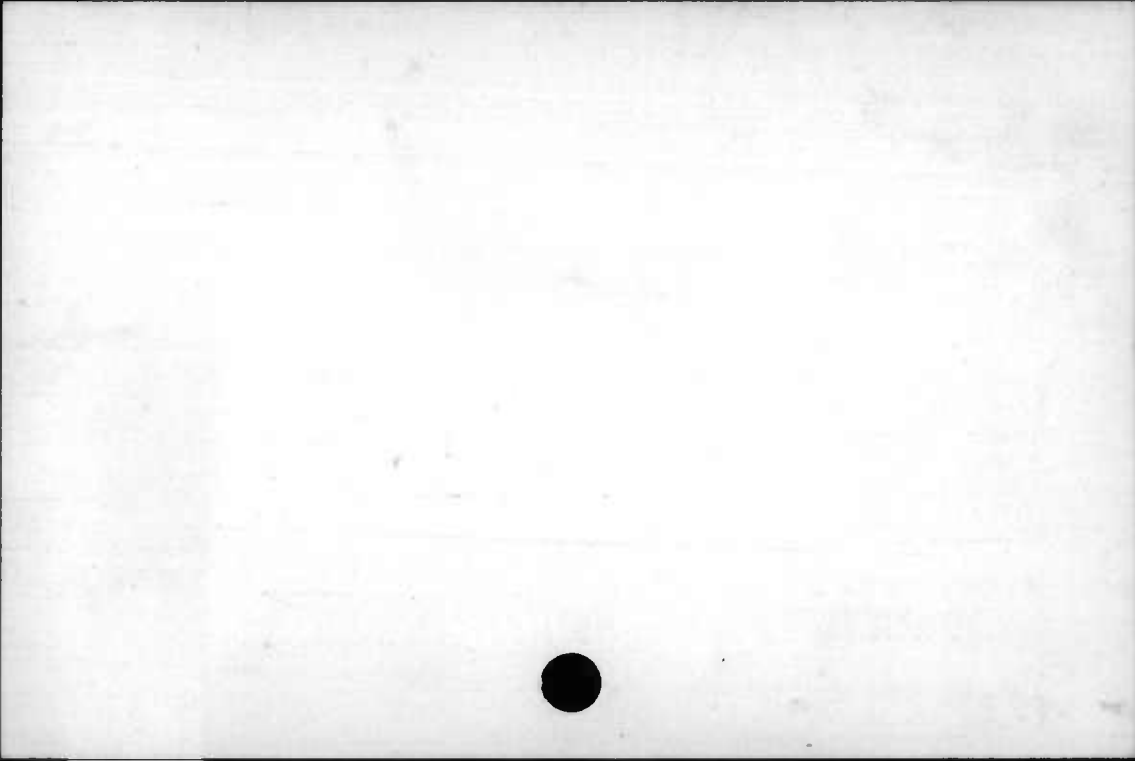
LIBRARY BUREAU, 65968



Name in Full		Angelina Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fons Locke		County Washington		MARYLAND	
	Date of death	1905	Month 4	Day 21st	Years 54	Months 7	Days 12
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Wife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband John D Smith			
	Father's Name	Franklin Stays				Father's Birthplace	W Va
	Mother's Maiden Name	Rachel				Mother's Birthplace	W Va
Name of person giving information	Mollie Skidwell				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Consumption				How long	5 years
	Immediate	Consumption				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	J M Fisher M. D.
						Address	Big Pool, Maryland
	Accident or Suicide?						



Name in Full		Certificate of Death			
Died at		County		MARYLAND	
Date of death		Age		Months	
1905		30		7	
Sex		Color or Race		Birth-place	
Male		White		Washington Co	
Occupation		Where Residing if not at place of death			
Labourer		Silghmen Tor			
Married, Single or Widowed		Name of Wife or Husband			
Married		Viola G. Smith			
Father's Name		Father's Birthplace			
Martin Smith		Washington Co			
Mother's Maiden Name		Mother's Birthplace			
Margaret Shaushing		X			
Name of person giving information		How related to deceased			
Sally C. Smith		sister			
CAUSES OF DEATH					
Primary		How long			
Pulmonary Tuberculosis		1 year			
Immediate		How long			
Exhaustion					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes.		V. M. Reichard			
		Address			
		Fairplay.			
Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		John D Smith		Washington County	
		Died at From Jones		TOWN	
		Date of death 1905		Month 4	
		Day 25		Age 53	
		Years 53		Months	
Sex Male		Color or Race White		Birth-place OR 245	
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Angelina			
Father's Name Michael Smith		Father's Birthplace Ireland			
Mother's Maiden Name Elizabeth Ryan		Mother's Birthplace Maryland			
Name of person giving information John St Ryan		How related to deceased Step-father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Consumption		How long 3 yrs	
		Immediate Dry Asthma		How long 14 days	
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Fisher	
				Address Big Pool Md	
		Accident or Suicide?			

Armen

Name in Full		Died After Birth <i>Stuffer</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND		
		Date of death	1905	Month	4	Day	24	Age
		Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed			Name of Wife or Husband			
		Father's Name	<i>William J. Stuffer</i>				Father's Birthplace	
		Mother's Maiden Name	<i>Gertrude St. L. Lipe</i>				Mother's Birthplace	
		Name of person giving information	<i>William J. Stuffer</i>				How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Accident or Suicide?				Address		

Rose Hill

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Chemsuill</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		
		Date of death <i>1905 April 9</i>		Age <i>22</i> <small>Years</small>	<i>3-</i> <small>Months</small>	<i>9</i> <small>Days</small>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Downsville</i>		
		Occupation <i>House Wife</i>	Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Melvin Stouffer</i>			
		Father's Name <i>Josiah Reid</i>	Father's Birthplace <i>Wilson</i>			
		Mother's Maiden Name <i>Mary E. Fowler</i>	Mother's Birthplace <i>Downsville</i>			
		Name of person giving information <i>Josiah Reid</i>	How related to deceased <i>Father</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>	How long <i>One month</i>				
	Immediate <i>Acute Phthisis</i>	How long <i>10 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. W. Unstet M.D.</i>				
		Address <i>Hagerstown, Md.</i>				
	Accident or Suicide?					

Wm Sheiss Undertaker
at Rome Hill

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Sex male Color or Race white Birth-place Ind.

Occupation	Where Residing if not at place of death
------------	---

Married, Single or Widowed	<i>single</i>	Name of Wife or Husband
-------------------------------	---------------	----------------------------

Father's Name	Thos. H. Tanner	Father's Birthplace	Pa.
---------------	-----------------	---------------------	-----

Mother's Maiden Name *Harley V. Cashman* Mother's Birthplace *Ind.*

Name of person giving information	How related to deceased
Heleen Tammes	mother

CAUSES OF DEATH

Primary	Whooping cough	How long	Several days
Immediate	Measles	How long	One week

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

~~Accident or Suicide?~~



Name
in
Full

David Gardner Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Antietam^{County} Washington

MARYLAND

Date of death 1905

Month Apr

Day 4

Age 4

Years

Months 11

Days 27

Sex Male

Color or
Race

White

Birth-
place Antietam

Occupation

Where Residing if not
at place of death

"

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John C. Tucker

Father's
Birthplace

Antietam

Mother's
Maiden Name

Liddy Ebersole

Mother's
Birthplace

"

Name of person giving
In formation

John C. Tucker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Accident - Killed by horse

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. M. Garrett
Shenandoah, Md.

Accident or Suicide?

Eugene Marker.
Undertaker.

Name
in
Full

Samuel Ulrich

CERTIFICATE OF DEATH

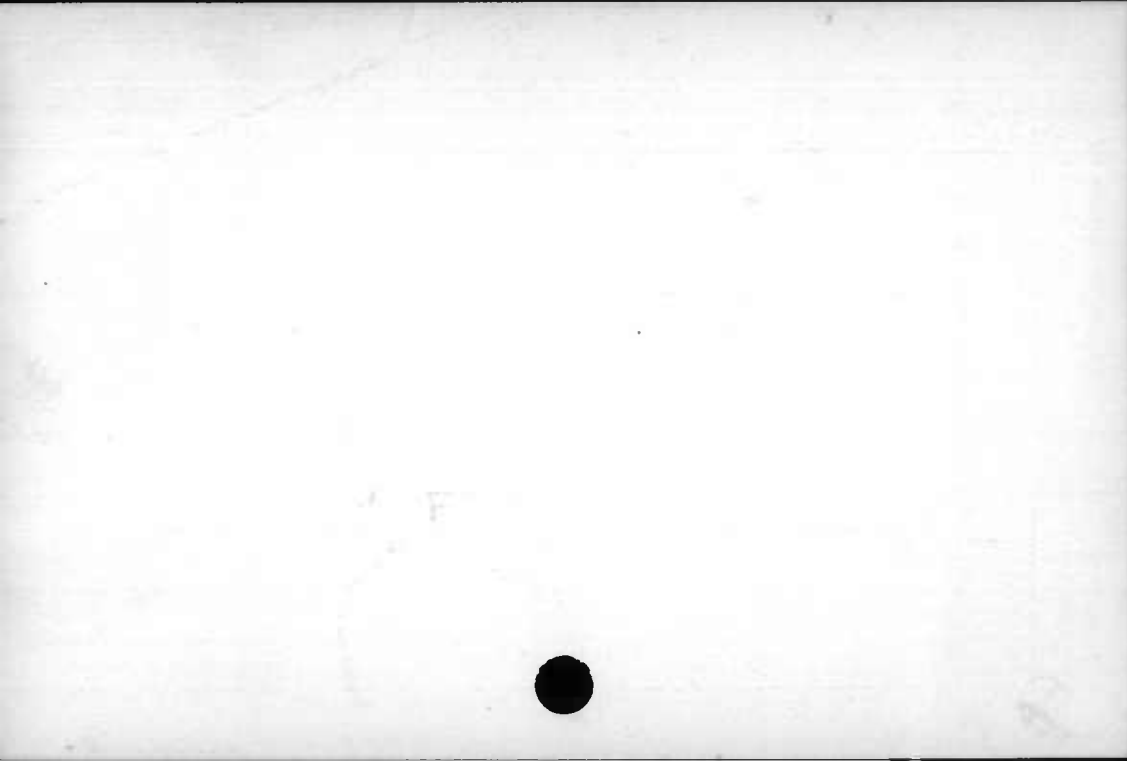
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Hagerstown		Wash.		Maryland			
Date	Month	Day	Age	Years	Months	Days	
of death	1905	Apr.	24	86	1	4	
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Retired Merchant			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Annice R Ulrich.			
Father's Name	Geo W. Ulrich			Father's Birthplace	Md.		
Mother's Maiden Name	Nancy Grove			Mother's Birthplace	"		
Name of person giving information	Mrs Saml. Ulrich			How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
General Debility	
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	J. M. Scott M.D.
Address	Hagerstown Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

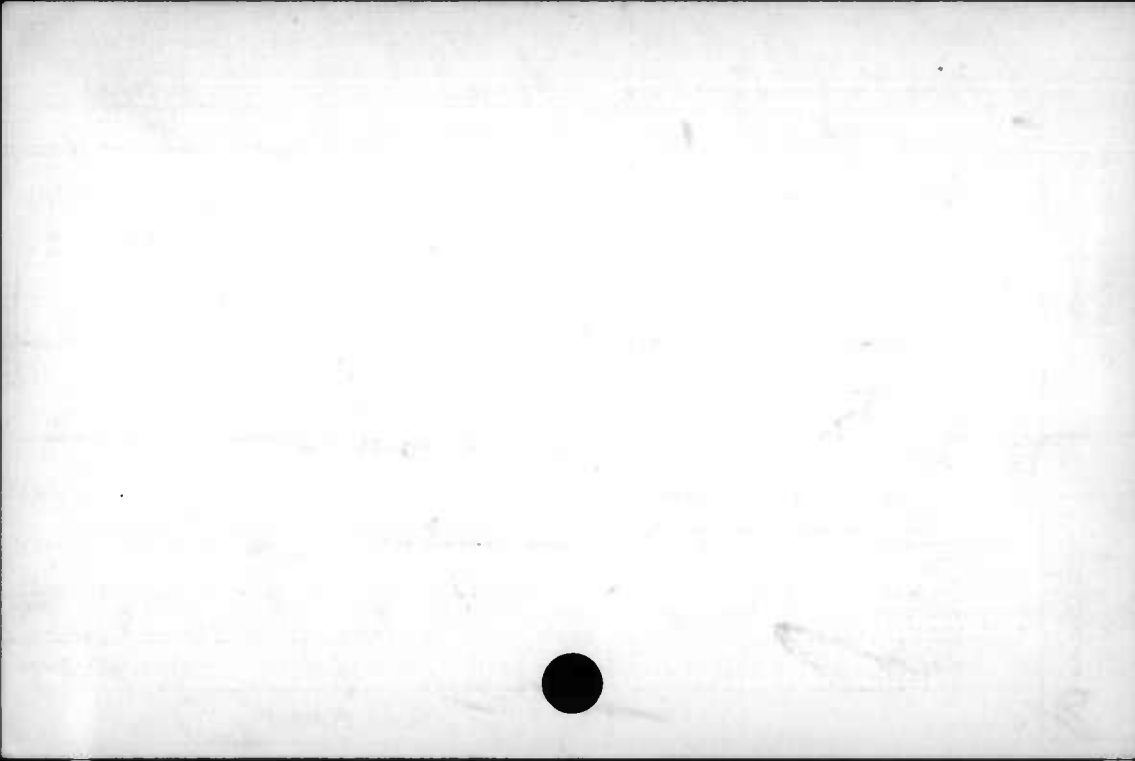
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Louisa Wakenight</i>		Town <i>Frankstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>7</i>		Years <i>75</i>	
Date of death <i>1905</i>		Months <i>3</i>		Days <i>24</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>don't know</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>David Cream</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna</i>		Mother's Birthplace					
Name of person giving Information <i>Mrs. Frank Wakenight</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>four days</i>
Immediate <i>Thrombotic Infarction in the lung</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. S. Newcomb</i>
	Address <i>Frankstown, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

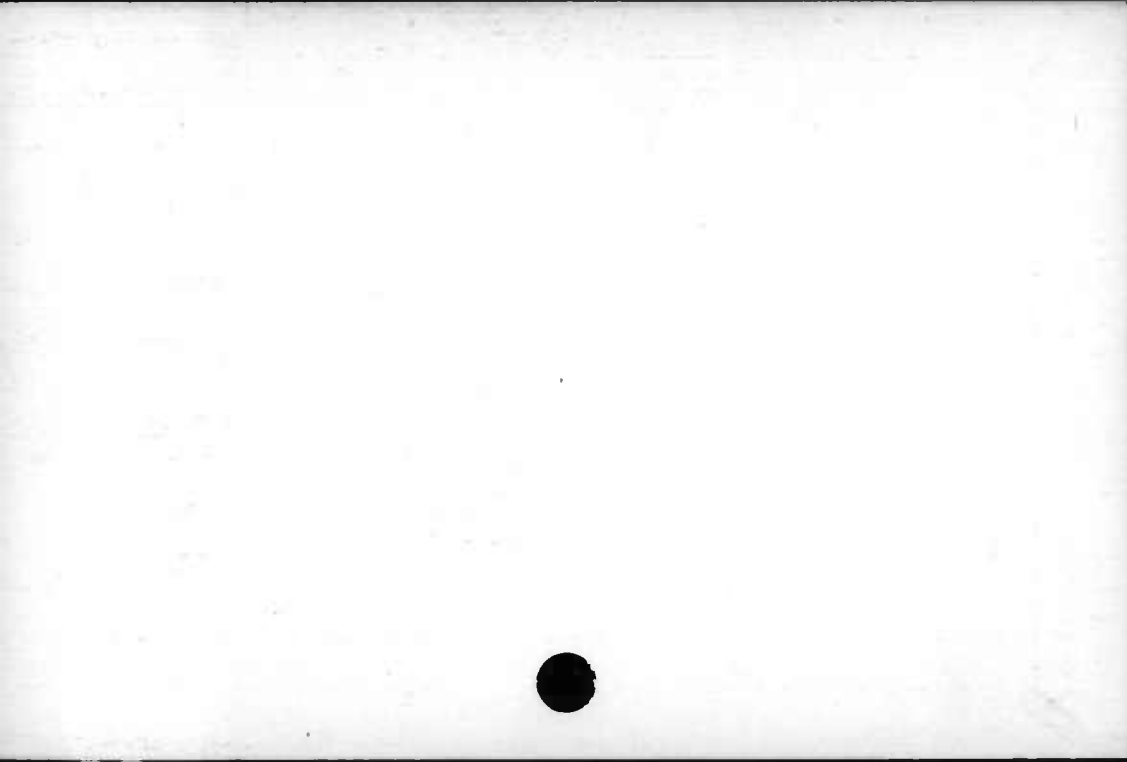
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Hearer</i>		Town <i>Hancock</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Hear Hancock</i>		Date of death <i>1905 Apr.</i>		Age <i>79 about</i>		Months <i>8</i> Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Died at home.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Not Known</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Chas Hearer</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>3 Mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Martin J. ... Son</i>
	Address <i>Hancock Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Wilson</i>		Town <i>Antietam Station</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Antietam Station</i>		Month <i>Apr</i>		Day <i>4</i>		Age <i>95</i>	
Date of death <i>1905</i>		Months <i>9</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>			
Occupation				Where Residing if not at place of death			
Married , Single				Name of Wife or Husband			
Father's Name <i>Robert Wilson</i>				Father's Birthplace <i>Near Balto. Md.</i>			
Mother's Maiden Name <i>Eleanor Winks</i>				Mother's Birthplace " " "			
Name of person giving Information <i>Mrs. M. V. Smith</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Gammath</i>
	Address <i>Cherry Street, Md.</i>
Accident or Suicide?	

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

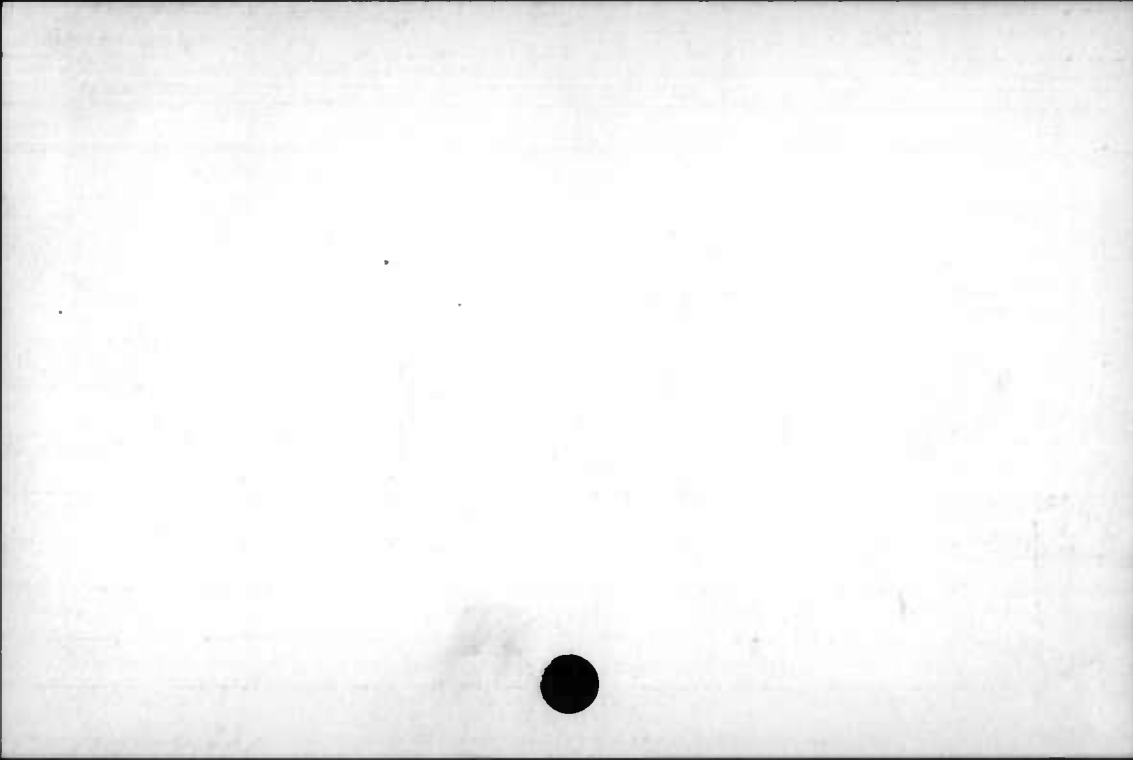
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ballou</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>April</i> ^{Month}	<i>12</i> ^{Day}	Age <i>83</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>J. R. Hager</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>6 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. M. Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Rohannah Yeakle

Town

County

Died at

Big Pool Wash

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Age

14

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Housewife

Where Residing if not
at place of death

Big Pool

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Geo. Yeakle

Father's
Name

Jacob Miller

Father's
Birthplace

Pa

Mother's
Maiden Name

Rebecca Tanner

Mother's
Birthplace

Pa

Name of person giving
Information

Wm Yeakle

How related
to deceased

Son

CAUSES OF DEATH

Primary

Tabular Disease of Heart

How long

Immediate

Heart Failure

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

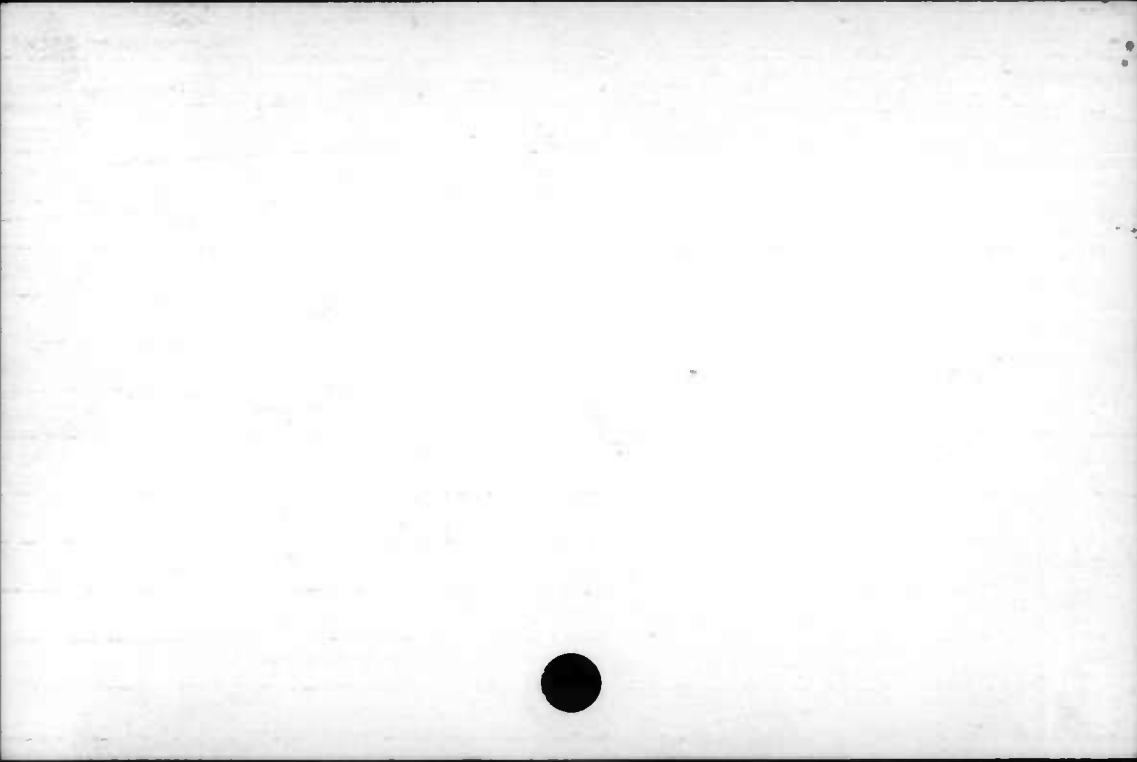
J. O. Perry

Clearspring

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

X



Name in Full		Grace S. Younkies				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Boonsbor		Was		
		Date of death		1905	Month April	Day 20	Age 8	Years Months Days
		Sex		Female		Color or Race		White
		Occupation				Birth- place		Boonsbor
		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name				Emory Younkies		
		Mother's Maiden Name				Lennie Smith		
		Name of person giving Information				Emory Younkies		
		Father's Birthplace				Fred. Co.		
		Mother's Birthplace				Wash. Co		
		How related to deceased				Father		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
8		Accident or Suicide?				S. S. Davis		
						Boonsbor		
						rud		

